## THE UNIVERSITY OF MISSISSIPPI LABORATORY SERVICES

Phone (662) 915-5433 FAX (662) 915-5480

## AUTOCLAVE REPORT

NAME:	DEPARTMENT:	
BUILDING:	PHONE NUMBER:	
ROOM NUMBER:	OPERATOR:	
AUTOCLAVE I.D. #:	AUTOCLAVE TYPE:	
TYPE OF TEST:	DATE OF TEST:	
AUTOCLAVE LOAD:	RUN TIME:	
RESULTS OF THE TEST:		
RECOMMENDATIONS BASED ON THE TEST RESULTS:		
LABORATORY SERVICES REPRESENTA	TIVE	DATE: