PASADENA
PUBLIC HEALTH DEPARTMENT

BODY ART FACILITY
SAMPLE STERILIZATION CYCLE LOG

Business Name:_____

Date of Load (Month/Day/Year)	Contents of Load	Exposure Time	Exposure Temp	Results of Class V Integrator (Pass/Fail*) *If fail, indicate how the items were cleaned and reprocessed, and when the integrator passed.	Initials of Autoclave Operator

This log must be maintained on-site for three years.

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