

Salon's Name:

Autoclave / Dry Heat Sterilizer

(Circle one)

Model:

Serial Number:

Date:	Time: AM / PM (Circle one)
Name:	Signature:
<i>Please tape actual test strip or autoclave tape here.</i>	

Date:	Time: AM / PM (Circle one)
Name:	Signature:
<i>Please tape actual test strip or autoclave tape here.</i>	

Date:	Time: AM / PM (Circle one)
Name:	Signature:
<i>Please tape actual test strip or autoclave tape here.</i>	

Date:	Time: AM / PM (Circle one)
Name:	Signature:
<i>Please tape actual test strip or autoclave tape here.</i>	