



Infectious Waste Treatment Facility Autoclave Quality Assurance Log

Yearly Cover Sheet

This daily log cover sheet should be completed at the beginning of each license year and should be kept on file at the beginning of the daily log file for that year. Attach amendments to this form as necessary.

Annual Log for Year: _____ Registration #: _____

Name of Facility: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Location of Facility: _____
(Street) (City) (State) (Zip)

Phone #: _____

Owner of Facility: _____

Registrant Name: _____

Name of contact person: _____
