

**Mississippi Department of Human Services  
Division of Youth Services  
Medical Services**

**AUTOCLAVE LOG FOR SPORAMPULE BIOLOGICAL INDICATOR TEST**  
**RESULTS**

**Oakley Youth Development Center**

**Year:** \_\_\_\_\_

<b>Date Test Completed</b>	<b>Staff Signature</b>	<b>Test Results</b>		<b>Comments</b>
		<b>(Results)</b>	<b>(Date)</b>	

**Reviewed by Director of Medical Services:** \_\_\_\_\_  
SignatureDate