Sonication
MAINTENANCE LOG

Laboratory Building & Room Number _____ Month _____ Year _____

Sonicator Model # _____ Sonicator Serial Number#_____

BEFORE USE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Before sonication, disinfect tip																															
After sonication, disinfect tip																															
After sonication, disinfect inside of sonication chamber																															

Person responsible for aspiration maintenance:_____

Prepared by: The Department of Environmental Health & Safety