

CHOOSING THE CORRECT STEAM STERILIZER

Selecting a sterilizer starts with defining your needs. Medi-Clave helps in the process by determining how you'll use your autoclave, where will it be placed and what utility services are needed and available. We will advise on the best-suited autoclave package for your specific needs.

STERILIZER QUESTIONER

Type of institution: Hospital
 Laboratory
 Bio-Hazardous
Other

Chamber Material: Stainless Steel 304 (Hospital)
 Stainless Steel 316 (High Corrosion Resistant - Laboratory)

Type of Project New
 Replacement
Other

Shape of Chamber: Round
 Rectangular

Chamber Capacity Square : 160 lts - 460(w) x 460(h) x 760(d)mm
 200 lts - 460(w) x 460(h) x 960(d)mm
 240 lts - 460(w) x 460(h) x 1100(d)mm
 400 lts - 660(w) x 660(h) x 915(d)mm
 600 lts - 660(w) x 660(h) x 1350(d)mm
 lts - (w) x (h) x (d)mm

Chamber Capacity Round : 160 lts - 460 Ø x 760(d)mm
 240 lts - 460 Ø x 1100(d)mm
 400 lts - 660 Ø x 915(d)mm
 lts - Ø x (d)mm

Automatic Sterilizing Cycles Required: Dressings (Packs) 134°C
 Open Instruments (Flush) 134°C
 Small volume Liquids 121°C
 Rubber Goods 121°C
 Bowie & Dick Test Cycle 134°C @ 3,5min's
Others:

Sterilizing Temperature Required: °C
Sterilizing Time Required: min's
Type of Medium to be Sterilized:

Type of Door Configuration Required Sliding Manual Hinge Mechanical Hinge

Type of Installation: Recessed Single Door Recessed Double Door Cabinet Single Door Cabinet Double Door

Steam Source: Main Steam Supplied Own Steam Internally Generated

Type of steam valves: Solenoid Operated Air Operated
Is Compressed Air Available Yes
No

Is a Cycle print out Required: Yes No

Loading Equipment: Internal rack and Tray System Trolley and Carriage Set
Other

Do you require a Maintenance Agreement: Yes No
Who will perform your Maintenance
Do you require maintenance Training: Yes
No

Delivery and Installation: Own Arrangements Ex-Factory Medi-Clave
Site Address:
Street:
Province:
Country:
Code:

Institution:

Applicants Name:

Contact Details Landline:

Contact Details Mobile:

Dated Required By:

Thank-You for submitting your Inquiry with Medi-Clave, we will be in touch to discuss and finalize your needs!