

St Andrews School of Medicine (SASoM) Systems Pathology Group



Equipment Operation Procedure

Document Number: SASoM/EQUIP/089.v2

Title: Use and Maintenance of the Gallenkamp Sanyo Dry Sterilizing Oven

Version: v2

Author: Peter Mullen

Effective from:	01/06/2019		
Valid to:	31/05/2024		

SOP History		
Number	Date	Reason for Change
v1	01/07/2014	Original
V2	01/06/2019	Five Year Update

1.0 Purpose -

The purpose of this SOP is to outline the principles of the routine use of the Gallenkamp Sanyo Dry Sterilizing Oven in Laboratory 248/N at the St Andrews School of Medicine (SASoM).

2.0 Scope -

This SOP applies to routine use and maintenance of the Gallenkamp Sanyo Dry Sterilizing Oven within the SASoM.

3.0 Responsibilities -

It is the responsibility of all users of the Gallenkamp Dry Sterilizing Oven within the SASoM to comply with this SOP.



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4.0 Procedure -

This piece of equipment is used to dry sterilize glassware and cans of pipettes.

The equipment is already pre-programmed to operate at set temperature for a set time.

Ensure appliance is switched on with swivel switch – bottom right hand corner of control panel.

Load up oven ensuring glass items are not touching therefore creating a 'cool' spot. Metal cans are laid on their side and can be stacked on top of each other.

The 'Actual/Set' should register a temperature of 180°C when pressed.

Panel Lock is in 'Off' position.

Push Start/Stop to activate the sterilization cycle.

Load Light on for ~30secs.

Sterilization cycle takes ~5hrs.

Ensure cycle is complete before removing items from oven. Wear heat resistant gloves to remove items from oven if still hot

5.0 Personal protection -

Howie coat must be worn at all times. Heat resistant gloves must be worn to remove items from oven if still hot

6.0 Training -

All users have to be trained before using the Instrument by a designated person.

7.0 Related documents -

7.1 RA/GEN/007 – Ovens/Drying Ovens



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8.0 Approval and sign off -

Author:

Name: Peter Mullen

Position: Research Fellow

Signature: Date:

Management Approval:

Name: Peter Mullen

Position: SOP Administrator

Signature: Date:

QA release by:

Name: Alex MacLellan

Position: QA Manager

Signature: Date:



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Please sign below to indicate you have read this S.O.P and understand the procedures involved.

STANDARD OPERATING PROCEDURE

NAME	POSITION HELD	SIGNATURE	DATE
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