



STEM CELL LABORATORY (STCL)



DOCUMENT NUMBER: STCL-FORM-001

DOCUMENT TITLE:

Liquid LN2 Freezer Bulk Tank Level and Pressure

DOCUMENT NOTES:

Document Information

Revision: 02

Vault: STCL-Form-rel

Status: Release

Document Type: STCL FORM

Date Information

Creation Date: 26 Apr 2011

Release Date: 01 Jul 2011

Effective Date: 01 Jul 2011

Expiration Date:

Control Information

Author: WATE02

Owner: WATE02

Previous Number: 8B.612 FRM 50

Change Number:

Stem Cell Laboratory

Liquid LN2 Freezer Bulk Tank Level and Pressure

Monitoring performed on days laboratory is staffed. V = venting NP = Not Performed NA = Not Applicable

Month _____ Year _____ Month _____ Year _____

**If bulk tank pressure is above 24, verify that the system is venting. If not venting, notify refrigeration at 684-3232 and record on problem log.*

***If pressure gauge reading is above 35, notify refrigeration at 684-3232 and record on problem log.*

Day	Bulk Tank Level 2309 B Pratt St.	*Tank Pressure 2309 Pratt St (16-24 PSI)	**Pressure Gauge Reading in 1303 (≤35PSI)	Initials	Day	Bulk Tank Level 2309 B Pratt St	*Tank Pressure 2309 Pratt St (16-24 PSI)	**Pressure Gauge Reading in 1303 (≤35PSI)	Initials
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
10					10				
11					11				
12					12				
13					13				
14					14				
15					15				
16					16				
17					17				
18					18				
19					19				
20					20				
21					21				
22					22				
23					23				
24					24				
25					25				
26					26				
27					27				
28					28				
29					29				
30					30				
31					31				

Initial and Date Weekly Reviews:

Week 1 _____ Week 2 _____

Week 1 _____ Week 2 _____

Week 3 _____ Week 4 _____ Week 5 _____

Week 3 _____ Week 4 _____ Week 5 _____

Monthly Review _____

Signature/Date

Monthly Review _____

Signature/Date

STCL-FORM-001 (FRM 50) Liquid LN2 Freezer Bulk Tank Level and Pressure

Form

STCL, DUMC

Durham, NC

Stem Cell Laboratory

Liquid LN2 Freezer Bulk Tank Level and Pressure

Monitoring performed on days laboratory is staffed. V = venting NP = Not Performed NA = Not Applicable

Month Oct Year 2009 Month _____ Year _____

**If bulk tank pressure is above 24, verify that the system is venting. If not venting, notify refrigeration at 684-3232 and record on problem log.*

***If pressure gauge reading is above 35, notify refrigeration at 684-3232 and record on problem log.*

Day	Bulk Tank Level 2309 B Pratt St	*Tank Pressure 2309 Pratt St (16-24 PSI)	**Pressure Tank Reading in 1303 (≤35PSI)	Initials
1	32	22	24	jc
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				

Day	Bulk Tank Level 2309 B Pratt St	*Tank Pressure 2309 Pratt St (16-24 PSI)	**Pressure Tank Reading in 1303 (≤35PSI)	Initials
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
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22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Initial and Date Weekly Reviews:

Week1 _____ Week 2 _____

Week1 _____ Week 2 _____

Week3 _____ Week 4 _____ Week 5 _____ Week3 _____ Week 4 _____ Week 5 _____

Monthly Review _____

Signature/Date

Monthly Review _____

Signature/Date

STCL-FORM-001 (FRM 50) Liquid LN2 Freezer Bulk Tank Level and Pressure

Example

STCL, DUMC

Durham, NC

Instructions for Pratt Street

1. Read gauge for level.
2. Read gauge for pressure.
3. For refrigeration problems, notify 684-3232.
 - a. Complete Problem Log.
 - b. Have supervisor or designee review.

Signature Manifest**Document Number:** STCL-FORM-001**Revision:** 02**Title:** Liquid LN2 Freezer Bulk Tank Level and Pressure**STCL-FORM-001 Liquid LN2 Frzr Bulk****Author Approval**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		29 May 2011, 08:22:47 PM	Approved

Manager Approval

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		31 May 2011, 11:53:12 AM	Approved

Medical Director Approval

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		31 May 2011, 09:47:39 PM	Approved

QA Approval

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)	Quality Manager	01 Jun 2011, 10:49:04 AM	Approved

Notification

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		01 Jun 2011, 10:49:04 AM	Email Sent
Barbara Waters-Pick (WATE02)		01 Jun 2011, 10:49:04 AM	Email Sent
System Administrator (SYSADMIN)		01 Jun 2011, 10:49:04 AM	Email Sent
Janet Celko (CELKOJ)		01 Jun 2011, 10:49:04 AM	Email Sent
Linda Sledge (SLEDG006)	Quality Manager	01 Jun 2011, 10:49:04 AM	Email Sent