STEM CELL LABORATORY (STCL)

DOCUMENT NUMBER: STCL-FORM-004

DOCUMENT TITLE:

Freezer Daily Temperature Log

DOCUMENT NOTES:

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Document Information

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Control Information

Author: WATE02	**Owner:** WATE02
Previous Number: STCL-FORM-004 Rev 03	**Change Number:** QSU-CCR-105

Equipment: _____
SN: _____ Duke ID _____
Location: _____
Year_____

Stem Cell Laboratory

FREEZER
DAILY TEMPERATURE LOG

Acceptable Range: _____ **N/A = Not Applicable** **NP =Not Performed**

Circle out of range temperatures and record problem and corrective action on reverse side

Monitoring performed on days laboratory is staffed. When not staffed, the monitoring is via central alarm system.

MONTH: _____	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
Digital Temp																															
Internal Temp																															
Initials																															

Weekly Review: (Initials/Date)
Wk 1 _____ Wk 2 _____Wk 3_____ Wk 4_____Wk 5_____

Monthly Review: (Initials/Date) _____

MONTH: _____	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
Digital Temp																															
Internal Temp																															
Initials																															

Weekly Review: (Initials/Date)
Wk 1 _____ Wk 2 _____Wk 3_____ Wk 4_____Wk 5_____

Monthly Review: (Initials/Date) _____

Equipment: ABC12345
SN:258963547 Duke ID CN256
Location: Processing Station
Year 2009

Stem Cell Laboratory

FREEZER
DAILY TEMPERATURE LOG *(EXAMPLE)*

Acceptable Range: < or =-14°C **NA = Not Applicable** **NP = Not Performed**

Circle out of range temperatures and record problem and corrective action on reverse side

Monitoring performed on days laboratory is staffed. When not staffed, the monitoring is via central alarm system.

MONTH: October	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
Digital Temp	-20																														
Internal Temp	-20																														
Initials	jc																														

Weekly Review: (Initials/Date)
Wk 1 ml 10/01/2009 **Wk 2** _____ **Wk 3**_____ **Wk 4**_____ **Wk 5**_____

Monthly Review: (Initials/Date) _____

MONTH: _____	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
Digital Temp																															
Internal Temp																															
Initials																															

Weekly Review: (Initials/Date)
Wk 1 _____ **Wk 2** _____ **Wk 3**_____ **Wk 4**_____ **Wk 5**_____

Monthly Review: (Initials/Date) _____

Signature Manifest

Document Number: STCL-FORM-004 **Revision:** 04
Title: Freezer Daily Temperature Log

STCL-FORM-004 Freezer Temp Log

Author Approval

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		10 Jun 2013, 06:06:43 PM	Approved

Medical Director Approval

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		11 Jun 2013, 11:08:21 PM	Approved

QA Approval

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		12 Jun 2013, 09:07:39 AM	Approved

Document Release

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		24 Jun 2013, 08:31:42 PM	Approved

Notification

Name/Signature	Title	Date	Meaning/Reason
(RB232) for Linda Sledge (SLEDG006)		24 Jun 2013, 08:31:42 PM	Email Sent
Sharon Hartis (SH259)		24 Jun 2013, 08:31:42 PM	Email Sent
Betsy Jordan (BJ42)		24 Jun 2013, 08:31:42 PM	Email Sent
Barbara Waters-Pick (WATE02)		24 Jun 2013, 08:31:42 PM	Email Sent