STEM CELL LABORATORY (STCL)

DOCUMENT NUMBER: STCL-FORM-007

DOCUMENT TITLE:

Liquid LN2 Freezer Daily QC Record

DOCUMENT NOTES:

8B.612

Document Information

Revision: 04	**Vault:** STCL-Form-rel
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Date Information

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Effective Date: 01 Jul 2013	**Expiration Date:**

Control Information

Author: WATE02	**Owner:** WATE02
Previous Number: STCL-FORM-007 Rev 03	**Change Number:** QSU-CCR-105

Equipment:_____
Type: _____
SN: _____ Duke ID: _____
Stem Cell Laboratory Location:_____

LIQUID LN2 FREEZER
DAILY QC RECORD

Acceptable Depth: _____

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

Month: _____ Year: _____

Circle and record problem and corrective action on reverse side. N/A = Not Applicable NP = Not Performed

Day	LN_2 Level Digital/ Dip Stick		Power On Check	Audible Alarm check	Liquid Usage (inch/day)	Initials
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						

Measure LN_2 Level: Dip to bottom of freezer for 20 seconds. Remove. Read LN_2 level at low meniscus of condensation.

Weekly Review: (Initial/Date) Wk1_____Wk2_____Wk3_____Wk4_____Wk5_____

Monthly Review: (Initial/Date) _____

STCL-FORM-007 Liquid LN2 Freezer Daily QC Record
Form
STCL, DUMC
Durham, NC

Equipment: LIQ5687799
Type: Liquid
SN: ABC456222337 Duke ID: CN55789
Stem Cell Laboratory

Location: Room 1101

LIQUID LN2 FREEZER
DAILY QC RECORD *(EXAMPLE)*

Acceptable Depth: 20 – 26 inches

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

Month: October Year: 2009

Circle and record problem and corrective action on reverse side. N/A = Not Applicable NP = Not Performed

Day	LN_2 Level Digital/ Dip Stick		Power On check	Audible Alarm check	Liquid Usage (inch/day)	Initials
1	22.5	22	√	√	0.2	jc
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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27						
28						
29						
30						
31						

Measure LN_2 Level: Dip to bottom of freezer for 20 seconds. Remove. Read LN_2 level at low meniscus of condensation.

Weekly Review: (Initial/Date) Wk1_____ Wk2 _____ Wk3 _____ Wk4 _____ Wk5 _____

Monthly Review: (Initial/Date) _____

Signature Manifest

Document Number: STCL-FORM-007 **Revision:** 04

Title: Liquid LN2 Freezer Daily QC Record

STCL-FORM-007 Liquid LN2 Freezer

Author Approval

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		10 Jun 2013, 06:10:11 PM	Approved

Medical Director Approval

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		11 Jun 2013, 11:08:51 PM	Approved

QA Approval

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		12 Jun 2013, 09:11:50 AM	Approved

Document Release

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		24 Jun 2013, 09:09:51 PM	Approved

Notification

Name/Signature	Title	Date	Meaning/Reason
(RB232) for Linda Sledge (SLEDG006)		24 Jun 2013, 09:09:51 PM	Email Sent
Sharon Hartis (SH259)		24 Jun 2013, 09:09:51 PM	Email Sent
Betsy Jordan (BJ42)		24 Jun 2013, 09:09:51 PM	Email Sent
Barbara Waters-Pick (WATE02)		24 Jun 2013, 09:09:51 PM	Email Sent