STEM CELL LABORATORY (STCL)

DOCUMENT NUMBER: STCL-FORM-021

DOCUMENT TITLE:

Vapor LN2 Freezer Daily QC Record

DOCUMENT NOTES:

8B.612

Document Information

Revision: 04	**Vault:** STCL-Form-rel
Status: Release	**Document Type:** STCL FORM

Date Information

Creation Date: 11 Jun 2013	**Release Date:** 01 Jul 2013
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Control Information

Author: WATE02	**Owner:** WATE02
Previous Number: STCL-FORM-021 Rev 03	**Change Number:** QSU-CCR-105

Equipment: _____
Type: _____
SN: _____ Duke ID: _____
Location: _____

Stem Cell Laboratory

Vapor LN2 FREEZER
DAILY QC RECORD

Acceptable Depth: 6-10 inches

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 **NA - Not Applicable** **NP - Not Performed**

Day	LN_2 Level Digital/ Dip Stick (inches)		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: Place dipstick into designated well; 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) _____

Equipment: VAP5687799
Type: Vapor
SN: ABC456222337 Duke ID: CN55789
Location: Room 1101

Stem Cell Laboratory

VAPOR LN2 FREEZER
DAILY QC RECORD

Acceptable Depth: 6-10 inches

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 **NA - Not Applicable** **NP - Not Performed**

Day	LN_2 Level Digital/ Dip Stick (inches)		Liquid Usage (inch/day)	Initials
1	7.5	7.0	0.2	ml
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: Place dipstick into designated well; 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

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Title: Vapor LN2 Freezer Daily QC Record

STCL-FORM-021 Vapor LN2 Freezer QC

Author Approval

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		14 Jun 2013, 07:03:35 PM	Approved

Medical Director Approval

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		14 Jun 2013, 07:48:41 PM	Approved

QA Approval

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		17 Jun 2013, 02:18:17 PM	Approved

Document Release

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		01 Jul 2013, 02:17:02 PM	Approved

Notification

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		01 Jul 2013, 02:17:03 PM	Email Sent
Sharon Hartis (SH259)		01 Jul 2013, 02:17:03 PM	Email Sent
Betsy Jordan (BJ42)		01 Jul 2013, 02:17:03 PM	Email Sent
Barbara Waters-Pick (WATE02)		01 Jul 2013, 02:17:03 PM	Email Sent