



STEM CELL LABORATORY (STCL)



DOCUMENT NUMBER: STCL-FORM-023

DOCUMENT TITLE:

Refrigerator Daily Temperature Log

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Control Information

Author: WATE02

Owner: WATE02

Previous Number: STCL-FORM-023 Rev 03

Change Number: QSU-CCR-105

Stem Cell Laboratory

 Equipment: _____
 SN: _____ CE _____
 Location: _____
 Year _____

REFRIGERATOR DAILY TEMPERATURE LOG

Temperature Range: _____

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.

NA = Not Applicable NP = Not Performed

Month _____ Month _____

Day	Digital Temperature	Internal Temperature	Initials		Day	Digital Temperature	Internal Temperature	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`			

Date and Initial Weekly Reviews

 Week 1 _____ Week 2 _____
 Week 3 _____ Week 4 _____ Week 5 _____

 Monthly Review _____
 Initial/Date

 Week 1 _____ Week 2 _____
 Week 3 _____ Week 4 _____ Week 5 _____

 Monthly Review _____
 Initial/Date

Stem Cell Laboratory

Equipment: Avanti
 SN: 71211050 CE 23604
 Location: Receiving Area
 Year 2009

REFRIGERATOR DAILY TEMPERATURE LOG-EXAMPLE

Temperature Range: 2-8°C

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 by central alarm system.

Month November

Month _____

Day	Digital Temperature	Internal Temperature	Initials		Day	Digital Temperature	Internal Temperature	Initials
1	6.2	6.3	jc		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			

Date and Initial Weekly Reviews

 Week 1 _____ Week 2 _____
 Week 3 _____ Week 4 _____ Week 5 _____

 Monthly Review _____
 Initial/Date

 Week 1 _____ Week 2 _____
 Week 3 _____ Week 4 _____ Week 5 _____

 Monthly Review _____
 Initial/Date

Signature Manifest**Document Number:** STCL-FORM-023**Revision:** 04**Title:** Refrigerator Daily Temperature Log**STCL-FORM-023 Refriger Daily Log****Author Approval**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		19 Jun 2013, 01:12:54 PM	Approved

Medical Director Approval

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		19 Jun 2013, 03:05:24 PM	Approved

QA Approval

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		20 Jun 2013, 08:27:32 AM	Approved

Document Release

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		01 Jul 2013, 09:55:09 AM	Approved

Notification

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		01 Jul 2013, 09:55:10 AM	Email Sent
Sharon Hartis (SH259)		01 Jul 2013, 09:55:10 AM	Email Sent
Betsy Jordan (BJ42)		01 Jul 2013, 09:55:10 AM	Email Sent
Barbara Waters-Pick (WATE02)		01 Jul 2013, 09:55:10 AM	Email Sent