



## STEM CELL LABORATORY (STCL)



**DOCUMENT NUMBER:** STCL-FORM-024

**DOCUMENT TITLE:**

Blood Bank Refrigerator Daily, Weekly, Monthly Maintenance

**DOCUMENT NOTES:**

8B.612

### Document Information

**Revision:** 07

**Vault:** STCL-Form-rel

**Status:** Release

**Document Type:** STCL FORM

### Date Information

**Creation Date:** 14 Jun 2013

**Release Date:** 01 Jul 2013

**Effective Date:** 01 Jul 2013

**Expiration Date:**

### Control Information

**Author:** WATE02

**Owner:** WATE02

**Previous Number:** STCL-FORM-024 Rev 06

**Change Number:** QSU-CCR-105

Equipment: \_\_\_\_\_

SN: \_\_\_\_\_ CE: \_\_\_\_\_ Duke: \_\_\_\_\_

Location: \_\_\_\_\_

Stem Cell Laboratory

### BLOOD BANK REFRIGERATOR with Chart DAILY, WEEKLY, MONTHLY MAINTENANCE

**Acceptable temperature range: 1 - 6° C** (all temperatures must fall in this range or corrective action must be initiated)  
Circle out of range temperature or problem and record corrective action on reverse side. Chart recorder and internal thermometer temperatures should NOT vary by more than 2° C. If there is more than a 2° C difference between the chart recorder and internal thermometer temperatures, corrective action must be taken immediately and documented on reverse side.

NP = Not Performed      NIU = Not in Use      NA = Not Applicable/Products not in refrigerator      √ - Performed

Appearance of Product if stored overnight = OK or Not; if not, investigate and document on reverse side.

Month: _____ Year: _____	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
<b>DAILY</b>																															
Appearance of product (if left overnight)																															
Chart recorder temperature																															
Instrument digital temp																															
External digital temp																															
Internal temperature																															
Initials																															
<b>WEEKLY</b>																															
Change Chart Paper																															
Initials																															
<b>MONTHLY</b>																															
Probe Alarm low setting																															
Probe Alarm high setting																															
Initials																															

Weekly Review: (Initial/Date) Wk 1 \_\_\_\_\_ Wk 2 \_\_\_\_\_ Wk 3 \_\_\_\_\_ Wk 4 \_\_\_\_\_ Wk 5 \_\_\_\_\_

Monthly Review: (Date/Initial) \_\_\_\_\_

Stem Cell Laboratory

### BLOOD BANK REFRIGERATOR with Chart DAILY, WEEKLY, MONTHLY MAINTENANCE--EXAMPLE

**Acceptable temperature range: 1 - 6° C** (all temperatures must fall in this range or corrective action must be initiated)  
Circle out of range temperature or problem and record corrective action on reverse side. Chart recorder and internal thermometer temperatures should NOT vary by more than 2° C. If there is more than a 2° C difference between the chart recorder and internal thermometer temperatures, corrective action must be taken immediately and documented on reverse side.

NP = Not Performed

NIU = Not in Use

NA = Not Applicable/Products not in refrigerator

√ - Performed

Appearance of Product if stored overnight = OK or Not; if not, investigate and document on reverse side.

Month: <u>Jan</u>	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
Year: <u>2009</u>																															
<b>DAILY</b>																															
Appearance of product (if left overnight)	ok																														
Chart recorder temperature	5°																														
Instrument digital temp	5°																														
External digital temp	5°																														
Internal temperature	5°																														
Initials	jc																														
<b>WEEKLY</b>																															
Change Chart Paper	√																														
Initials	jc																														
<b>MONTHLY</b>																															
Probe Alarm low setting	1.5																														
Probe Alarm high setting	5.5																														
Initials	jc																														

Weekly Review: (Initial/Date) Wk 1 ml11/01/2009 Wk 2 \_\_\_\_\_ Wk3 \_\_\_\_\_ Wk4 \_\_\_\_\_ Wk 5 \_\_\_\_\_

Monthly Review: (Date/Initial) \_\_\_\_\_

STCL-FORM-024 Blood Bank Refrigerator with Chart--Daily, Weekly, Monthly Maintenance

EXAMPLE

STCL, DUMC

Durham, NC

**Signature Manifest****Document Number:** STCL-FORM-024**Revision:** 07**Title:** Blood Bank Refrigerator Daily, Weekly, Monthly Maintenance**STCL-FORM-024 Blood Bank Refrigerat****Author Approval**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		19 Jun 2013, 01:13:29 PM	Approved

**Medical Director Approval**

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		19 Jun 2013, 03:05:39 PM	Approved

**QA Approval**

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		20 Jun 2013, 08:28:05 AM	Approved

**Document Release**

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		01 Jul 2013, 09:55:51 AM	Approved

**Notification**

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		01 Jul 2013, 09:55:52 AM	Email Sent
Sharon Hartis (SH259)		01 Jul 2013, 09:55:52 AM	Email Sent
Betsy Jordan (BJ42)		01 Jul 2013, 09:55:52 AM	Email Sent
Barbara Waters-Pick (WATE02)		01 Jul 2013, 09:55:52 AM	Email Sent