



STEM CELL LABORATORY (STCL)



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Stem Cell Laboratory

Lab Section _____
Month/Year _____**WORK SURFACE DECONTAMINATION**

N/A = Not Applicable

✓ = Decontamination of work surface with appropriate disinfectant.

Date	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
Workbench:																															
Technologist																															
Weekly Review																															

REVIEWED BY: _____

DATE: _____

Signature Manifest**Document Number:** STCL-FORM-025**Revision:** 04**Title:** Work Surface Decontamination

All dates and times are in Eastern Time.

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Document Release

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		17 Dec 2013, 12:37:56 PM	Approved

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