



STEM CELL LABORATORY (STCL)



DOCUMENT NUMBER: STCL-FORM-029

DOCUMENT TITLE:

Out of Service

DOCUMENT NOTES:

Document Information

Revision: 02

Vault: STCL-Form-rel

Status: Release

Document Type: STCL FORM

Date Information

Creation Date: 07 Aug 2013

Release Date: 17 Sep 2013

Effective Date: 17 Sep 2013

Expiration Date:

Control Information

Author: WATE02

Owner: WATE02

Previous Number: STCL-FORM-029 Rev 01

Change Number: QSU-CCR-105

OUT OF SERVICE

DO NOT USE

Equipment Name _____ Serial number _____

Date of Equipment Failure: _____ Time: _____ Signature: _____

Department Supervisor Notified:

Date/Time: _____ Signature: _____

Service Call Made:

Date/Time: _____ Signature: _____

QC performed after repair by _____ **Date/Time:** _____

Equipment returned to service by _____ **Date/Time:** _____

COMMENTS: _____

INSTRUCTIONS

Directions:

1. Place this form on the equipment that requires service/repair and contact Department Supervisor.
2. Record the date and time that the call was made and sign your name.
3. Record the problem in the equipment's quality control form.
4. Once equipment has been returned to service, file the "Out of Service" form with the equipments QC record.

OUT OF SERVICE

DO NOT USE

Equipment Name Sorval Centrifuge Serial number X120948kldde3

Date of Equipment Failure: 12-10-2009 Time: 09:00 Signature: Bette Tech II

Department Supervisor Notified:

Date/Time: 12/11/2009 Signature: Super Queen Bee

Service Call Made:

Date/Time: 12/11/2009 Signature: Super Queen Bee

QC performed after repair by Super Tech III Date/Time: 12/20/2009

Equipment returned to service by Super Queen Bee Date/Time: 12/22/2009

COMMENTS: See source documentation of QC performed after repair attached to this document .

STCL-FORM-029 Out of Service
Example
Duke University Medical Center
Durham, NC

Signature Manifest**Document Number:** STCL-FORM-029**Revision:** 02**Title:** Out of Service

All dates and times are in Eastern Time.

STCL-FORM-029 Out of Service**Author Approval**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		07 Aug 2013, 01:08:39 PM	Approved

Medical Director Approval

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		08 Aug 2013, 01:28:00 PM	Approved

QA Approval

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		08 Aug 2013, 01:43:23 PM	Approved

Document Release

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		21 Aug 2013, 05:07:34 PM	Approved

Quick Approval**Approve Now**

Name/Signature	Title	Date	Meaning/Reason
Sharon Hartis (SH259)		17 Sep 2013, 08:38:58 AM	Approved