STEM CELL LABORATORY (STCL)

DOCUMENT NUMBER: STCL-FORM-035

DOCUMENT TITLE:

Thermogenesis Bio-Archive Freezer Daily, Bi-Weekly, Monthly Maintenance and QC Schedule

DOCUMENT NOTES:

Old FACT number 8B.612 FRM 48

Document Information

Revision: 03	**Vault:** STCL-Form-rel
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Date Information

Creation Date: 05 Oct 2012	**Release Date:** 01 Nov 2012
Effective Date: 01 Nov 2012	**Expiration Date:**

Control Information

Author: WATE02	**Owner:** WATE02
Previous Number: 8B.612 FRM 48	**Change Number:** STCL-CCR-066

Equipment: TG Clinical F# 8
SN HD9163
Location: Room 1303
Year _____

STCL-FORM-035
THERMOGENESIS BIO-ARCHIVE FREEZER
DAILY, BI-WEEKLY, MONTHLY MAINTENANCE and QC SCHEDULE

*** = Record problem and corrective action on reverse side** **√ = O.K. or function performed** **NP = Not Performed**
Monitoring is performed on days the laboratory is routinely staffed. When the lab is not routinely staffed, the monitoring is by central alarm system. .

MONTH:	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
DAILY:																															
LN_2 Vapor Level Dip Stick Reading Acceptable Depth: 11 – 15 inches																															
Wipe troughs on vent tubes																															
Initials																															
BI-WEEKLY:																															
Alcohol port plugs and CRF connections																															
Initials																															
MONTHLY:																															
Print current inventory for each freezer																															
Initials																															

Instructions for yard stick reading: Insert yard stick into the Control Rate Freezer (CRF) port, aligning the 15 inch mark on the yard stick with the rim of the port. Hold the yard stick in place for 20 seconds, remove, and read the first level. Subtract the reading from 15 to obtain the correct LN2 depth reading.

Weekly Review (Date/Initial): Wk 1 _____ **Wk2** _____ **Wk3** _____ **Wk4** _____ **Wk5** _____

Monthly Review: _____
Signature/Date

Signature Manifest

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Title: Thermogenesis Bio-Archive Freezer Daily, Bi-Weekly, Monthly Maintenance and QC Schedule

STCL-FORM-035 TG QC Maintenance

Author Approval

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		05 Oct 2012, 10:55:28 AM	Approved

Medical Director Approval

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		05 Oct 2012, 12:19:26 PM	Approved

QA Approval

Name/Signature	Title	Date	Meaning/Reason
Linda Sledge (SLEDG006)		05 Oct 2012, 01:47:21 PM	Approved

Document Release

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		23 Oct 2012, 05:35:49 PM	Approved

Notification

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATE02)		23 Oct 2012, 05:35:49 PM	Email Sent