STEM CELL LABORATORY (STCL)

DOCUMENT NUMBER: STCL-FORM-068

DOCUMENT TITLE:

Cleaning Schedule for Transport Containers in the STCL

DOCUMENT NOTES:

Document Information

Revision: 02	**Vault:** STCL-Form-rel
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Date Information

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Control Information

Author: WATE02	**Owner:** WATE02
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STCL-FORM-068
Cleaning Schedule for Transport Containers in the STCL

Cooler # _____

Record (X or √) to reflect that Task(s) was/were Performed

N/A – Not Applicable

Quarterly Maintenance

	QUARTER 1: Jan/Feb/Mar *(Circle month performed)*	QUARTER 2: Apr/May/June *(Circle month performed)*	QUARTER 3: Jul/Aug/Sept *(Circle month performed)*	QUARTER 4: Oct/Nov/Dec *(Circle month performed)*
MAINTENANCE	**DATE / INITIALS**	**DATE / INITIALS**	**DATE / INITIALS**	**DATE / INITIALS**
Remove Biohazard bag(s) and replace with a new biohazard bag				
Clean inside of cooler with germicidal wipe or equivalent				
Clean the outside of cooler (*including handle*) with germicidal wipe or equivalent				
Check the labels on the cooler to make sure all appropriate labels are present and meet current labeling requirements				
Replace labels to ensure they are intact, eye-readable, etc.				
Replace absorbent pad in the cooler				
Replace TSPs (*as needed*) if leaking *(TSP = Temperature Stabilization Packs)*				
Review Date/initials				

OFF CYCLE CLEANING OF COOLERS (*As Needed*) if/when visible spills are observed

Initials/Date:_____ Initials/Date:_____ Initials/Date:_____ Initials/Date:_____ Initials/Date:_____

Initials/Date:_____ Initials/Date:_____ Initials/Date:_____ Initials/Date:_____ Initials/Date:_____

Initials/Date:_____ Initials/Date:_____ Initials/Date:_____ Initials/Date:_____ Initials/Date:_____

Initials/Date:_____ Initials/Date:_____ Initials/Date:_____ Initials/Date:_____ Initials/Date:_____

Review Initials/Date: _____

Signature Manifest

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All dates and times are in Eastern Time.

STCL-FORM-068 Cleaning Schedule for Transport Containers in the STCL

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Quality

Name/Signature	Title	Date	Meaning/Reason
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Document Release

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