



DukeMedicine

Division of Cellular Therapy

DOCUMENT NUMBER: ABMT-EQUIP-001 FRM3

DOCUMENT TITLE:

Scale Quality Control Record

DOCUMENT NOTES:

Document Information

Revision: 04

Vault: ABMT-Equipment-rel

Status: Release

Document Type: Equipment

Date Information

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Release Date: 11 Jan 2016

Effective Date: 11 Jan 2016

Expiration Date:

Control Information

Author: DRAGO001

Owner: DRAGO001

Previous Number: ABMT-EQUIP-001 FRM3 Rev. 04 **Change Number:** ABMT-CCR-133

ABMT-EQUIP-001 FRM3 SCALE QUALITY CONTROL RECORD

Month/Year _____

ID# _____

Date	Weight	Adjustment Required	Weight after adjustment	Initials
1		Y N		
2		Y N		
3		Y N		
4		Y N		
5		Y N		
6		Y N		
7		Y N		
8		Y N		
9		Y N		
10		Y N		
11		Y N		
12		Y N		
13		Y N		
14		Y N		
15		Y N		
16		Y N		
17		Y N		
18		Y N		
19		Y N		
20		Y N		
21		Y N		
22		Y N		
23		Y N		
24		Y N		
25		Y N		
26		Y N		
27		Y N		
28		Y N		
29		Y N		
30		Y N		
31		Y N		

Monthly Review/Date: _____

Weight calibration due: _____

ABMT-EQUIP-001 FRM3 INSTRUCTIONS FOR COMPLETING THE SCALE QUALITY CONTROL RECORD

Place this form on the clipboard with the scale.

Month/Year	Record the month and year.
Date	Complete columns for date that scale is used. If not used on that date enter N..
Weight	Record the weight on the scale with the 500 gram weight in place.
Adjustment Required: Y N	Circle Y for YES if adjustment is made and N for no if no adjustment is made.
Initials	Record your initials here after completing the quality control
Weight calibration due	Enter the date that the weight calibration is due. The weight should be sent for calibration 1 month prior to due date

Signature Manifest**Document Number:** ABMT-EQUIP-001 FRM3**Revision:** 04**Title:** Scale Quality Control Record

All dates and times are in Eastern Time.

ABMT-EQUIP-001 FRM3 Scale Quality Control Record**Author**

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Document Release

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