

**Duke**Medicine

Division of Cellular Therapy

DOCUMENT NUMBER: ABMT-EQUIP-001 FRM6**DOCUMENT TITLE:**

Out of Service Form

DOCUMENT NOTES:**Document Information****Revision:** 05**Vault:** ABMT-Equipment-rel**Status:** Release**Document Type:** Equipment**Date Information****Creation Date:** 11 Jul 2018**Release Date:** 05 Nov 2018**Effective Date:** 05 Nov 2018**Expiration Date:****Control Information****Author:** MC363**Owner:** MC363**Previous Number:** ABMT-EQUIP-001 Form 6 Re **Change Number:** ABMT-CCR-222

ABMT-EQUIP-001 FRM 6 OUT OF SERVICE FORM

OUT OF SERVICE

DO NOT USE

Machine Serial #: _____ **CE #:** _____

Blood Warmer #: _____ **(If needed)**

Problem:

Date of Service call: _____ **Signature:** _____

Directions:

1. Go to online Clinical Engineering work order request and complete form. This will notify Clinical Engineering about the issue, machine, and location.
2. Record the Machine, CE, and/or Blood Warmer #, Problem, Date and time of service call, and Signature.
3. If unable to perform Out of Service Form online, you may call Clinical Engineering @ 919-681-2525.
4. Place this form on clipboard of machine requiring service. Hang on front of machine.
5. Notify the Apheresis Coordinator.
6. The Apheresis Coordinator will record this information on the Apheresis Machine Service Record and/or the Blood Warmer Service Record.

Instructions for Completing the Out of Service Form

Machine Serial#	Record the machine's serial # requiring service.
CE #	Record the Clinical Engineering # of the machine
Blood Warmer #	Record # of blood warmer requiring service. (If needed)
Problem	Explain problem
Date of Service Call	Record date Clinical Engineering was contacted using the hyperlink.
Signature	Person requesting service signature here.

ABMT-EQUIP-001 FRM 6 OUT OF SERVICE FORM

ABMT-EQUIP-001 FRM6 Out of Service Form
 Duke University Medical Center
 Durham, NC

Example:

OUT OF SERVICE

DO NOT USE

Machine Serial #: Optia 1590 **CE #:** 123456

Blood Warmer #: _____ **(If needed)**

Problem:

Loading kit alarm with error prior to prime. Unable to complete prime. Company notified and Apheresis Coordinator aware.

Date of Service call: 10/3/18

Signature: Mary Christen

Directions:

1. Go to online Clinical Engineering work order request and complete form. This will notify Clinical Engineering about the issue, machine, and location.
2. Record the Machine, CE, and/or Blood Warmer #, Problem, Date and time of service call, and Signature.
3. If unable to perform Out of Service Form online, you may call Clinical Engineering @ 919-681-2525.
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Signature Manifest**Document Number:** ABMT-EQUIP-001 FRM6**Revision:** 05**Title:** Out of Service Form

All dates and times are in Eastern Time.

ABMT-EQUIP-001 FRM6 Out of Service Form**Author**

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Document Release

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