



PEDIATRIC BLOOD AND MARROW TRANSPLANT PROGRAM

DOCUMENT NUMBER: PBMT-EQUIP-001 FRM4

DOCUMENT TITLE:

Equipment Maintenance and Repair Log FRM4

DOCUMENT NOTES:

Document Information

Revision: 01

Vault: PBMT-Equipment-rel

Status: Release

Document Type: Equipment

Date Information

Creation Date: 12 Feb 2019

Release Date: 22 Mar 2019

Effective Date: 22 Mar 2019

Expiration Date:

Control Information

Author: MC363

Owner: MC363

Previous Number: None

Change Number: PBMT-CCR-221

PBMT-EQUIP-001 FRM4 EQUIPMENT MAINTENANCE AND REPAIR LOG

Type of Device: _____ Serial Number: _____

Date Requested	Type of Activity Needed (Calibration, PM, Repair)	Taken Out of Service (Y/N)	Activity Performed by	Date Performed	Revalidation, or PQ Required (Y/N)	Review of Collections (Date/Initial)	Date Placed Back in Use	Supervisor Review (Date/Initial)

Y=Yes, N=No, N/A=Not Applicable, PM=Preventive Maintenance, PQ=Performance Qualification

Comments _____

PBMT-EQUIP-001 FRM4 EQUIPMENT MAINTENANCE AND REPAIR LOG

INSTRUCTIONS

1. Input date the activity was requested in the **Date Requested** field.
2. Input type of activity in the **Type of Activity Needed (Calibration, PM, Repair)** field. Include Work Order Number (WO#), if possible.
3. Input Yes (Y) or No (N) to document whether equipment taken out of service in **Taken Out of Service (Y/N)** field.
4. Input person or organization performing activity in **Activity Performed by** field.
5. Input the date the activity was performed in the **Date Performed** field.
6. Input Yes (Y) or No (N) to document whether or not revalidation/recalibration was required in the **Revalidation or PQ Required (Y/N)** field.
7. Input date and initial of Apheresis Coordinator or designee who **Reviews Collections Since Last Service** following repair of equipment. Document Not Applicable (N/A) if review was not needed.
8. Input date the machine was placed back in service by Clinical Engineering in the **Date Placed Back in Use** field.
9. Input date and initials of Apheresis Coordinator or designee who reviewed the activity in **Supervisor Review** field.

Signature Manifest**Document Number:** PBMT-EQUIP-001 FRM4**Revision:** 01**Title:** Equipment Maintenance and Repair Log FRM4

All dates and times are in Eastern Time.

PBMT-EQUIP-001 FRM4 Equipment Maintenance and Repair Log**Author**

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Document Release

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