



PEDIATRIC BLOOD AND MARROW TRANSPLANT PROGRAM

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DOCUMENT TITLE:

Material Acceptance Specification/Quality Checklist FRM1

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Control Information

Author: MC363

Owner: MC363

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PBMT-EQUIP-003 FRM1 MATERIAL ACCEPTANCE SPECIFICATION/QUALITY CHECKLIST

(To be completed by Receiver)

Complete all the information below when receiving inventory.

TYPE OF MATERIAL/SUPPLY: _____ VENDOR: _____

CATALOG #: _____ UNIT SIZE: _____

Material Specification Criteria

Receiver Initials	Receipt Date	Lot Number	Expiration Date	Quantity Received	Quantity Received Matches Quantity on Packing Slip	Material Passes Visual Inspection	Package Insert Included	C of A Obtained	Released by QA (Sign/date)
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments _____

PBMT-EQUIP-003 FRM1
MATERIAL ACCEPTANCE SPECIFICATION/QUALITY CHECKLIST
Instructions for Use

1. TYPE OF MATERIAL/SUPPLY	Record supply in the Type of Material/Supply field.
2. VENDOR	Record the vendor in the Vendor field.
3. CATALOG # ____	Record the catalog number in the Catalog # field.
4. UNIT SIZE	Record the unit (each, case, box, roll, bottle, etc.) in the Unit Size field.
5. Receiver Initials	The person who receives the supplies.
6. Receipt date	Record the date received in the Date field.
7. Lot number	Record the lot # in the Lot# field.
8. Expiration Date	Record the expiration date of the supply in the Expiration Date field.
9. Quantity Received	Record the quantity received in the QTY field.
10. Quantity received matches quantity on packing slip	Check Yes or No for Quantity received matches quantity on packing slip. If discrepancy must be resolved , complete PBMT-EQUIP-003 FRM3 <i>Unacceptable Supply and Corrective Action Log</i> .
11. Material passes visual inspection	Check Yes or No for Visual inspection : Intact labels; solutions clear, no evidence of abnormal color, cloudiness, or of bacterial contamination, Packages--no evidence of tampering, leakage or damage. If No , complete PBMT-EQUIP-003 FRM3 <i>Unacceptable Supply and Corrective Action Log</i> .
12. Package insert included	Check Yes or No for Package insert included. If Yes , Complete PBMT-EQUIP-003 FRM2 <i>Package Insert Review Log</i> .
13. C of A obtained	Check Yes or No for C of A obtained.
14. Released by QA (sign/date):	QA member has reviewed the form for completeness to assure that product inspection has occurred and product is acceptable for release.
15. Comments	Initial and date any comments.

Signature Manifest**Document Number:** PBMT-EQUIP-003 FRM1**Revision:** 01**Title:** Material Acceptance Specification/Quality Checklist FRM1

All dates and times are in Eastern Time.

PBMT-EQUIP-003 FRM1 Material Acceptance Specification/Quality Checklist**Author**

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Document Release

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