STEM CELL LABORATORY (STCL)

DOCUMENT NUMBER: STCL-EQUIP-004 FRM1

DOCUMENT TITLE:

Biological Safety Cabinet Maintenance Schedule FRM1

DOCUMENT NOTES:

8B.612 FRM 49

Document Information

Revision: 06	**Vault:** STCL-Equipment-rel
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Date Information

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Control Information

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Previous Number: STCL-EQUIP-004 FRM1 Rev (	**Change Number:** STCL-CCR-501

Equipment: _____
SN: _____
Location: _____
Year: _____
Magnehelic/Minihelic Range _____

Stem Cell Laboratory

√ = OK or if function performed **NA = Not Applicable** **NIU = Instrument Not In Use** **Record problem and corrective action on reverse side.**

MONTH:_____ DAY:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DAILY:																															
Turn blower on for 10-15 minutes before use																															
Work surface cleaned at start-up																															
Record Magnehelic reading or Minihelic reading *(See Range on label affixed to cabinet. If range falls outside the limit reflected, record on troubleshooting log and notify supervisor in case investigation is needed).*																															
Initials																															
Work Surface decontaminated at **shut-down**.																															
Turn UV light on for ~ 15 minutes at the end of the day *if cabinet used*																															
Initials																															
MONTHLY:																															
Check and clean paper catch.																															
Clean entire interior of cabinet																															
Clean/Wipe UV light bulb																															
UV Light bulb replaced? ***(√ if replaced or NA)***																															
Initials																															

Readings should be stable. If readings fluctuate beyond historic recordings, notify Supervisor.

Weekly Review (Date/Initials): Wk1 _____ Wk2 _____ Wk3 _____ Wk4 _____ Wk5 _____

Monthly Review (Date/Initials): _____

Instructions

Field	Requirements
Equipment, Serial #, Location, Year	Enter the name of the equipment, serial #, location of equipment in the laboratory, and year the form is being used.
Magnehelic/Minihelic Range	Magnehelic/Minihelic Ranges will be included on the label affixed to the top right corner of this form since historical ranges will vary between each biological safety cabinet.
Month	Enter the month for the respective year in which this document is capturing information.
Magnahelic/Minihelic Range	Enter Magnahelic/Minihelic range for the equipment.
Daily and monthly activities that have been performed	√ all daily and monthly maintenance duties that have been performed
Turn blower on for 10-15 minutes before use	The blower should run for 10-15 before the biological safety cabinet (BSC) can be used.
Work surface cleaned at start up	The work surface inside the BSC must be cleaned before (and after) each use.
Record Magnahelic reading or minihelic reading	Record the magnahelic or minihelic gauge reading at each use. Report any historical fluctuations to the supervisor/ manager in case service is needed on the BSC. Record any problems on the back of the form (troubleshooting log).
Initials	Record the initials of the person who performed the maintenance steps listed above.
Work surface decontaminated at shut-down	The work surface inside the BSC must be cleaned after each use.
Run UV light for 15 minutes at the end of the day *if cabinet used*	If the BSC was used, run the UV light for 15 minutes at the end of the day **NOTE**: ***Never leave the ultraviolet (UV) light on while there are employees working in the immediate area***
Initials	Record the initials of the person who decontaminated the BSC at shut-down.
Check and clean paper catch	The paper catch should be checked and cleaned monthly.
Clean entire interior of cabinet.	The entire interior of the BSC must be thoroughly cleaned on a monthly basis.
Clean/Wipe UV light bulb	Wipe clean the UV light bulb (must be turned OFF)
UV light bulb replaced? *(√ if replaced or N/A)*	Check if UV light bulb was replaced *(unexpectedly or as part of preventative maintenance)*
Weekly Review (Date / Intials)	Record the date and initials of the person who performed the weekly review and the date the review was performed.
Monthly Review (Date / Initials)	Record the date and initials of the person who performed the monthly review and the date the review was performed.

Signature Manifest

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All dates and times are in Eastern Time.

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Document Release

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