



STEM CELL LABORATORY (STCL)



DOCUMENT NUMBER: STCL-SOP-053 FRM1

DOCUMENT TITLE:

DI Water Check

DOCUMENT NOTES:

FACT number 8B.612 FRM 38

Document Information

Revision: 07

Vault: STCL-Processing-rel

Status: Release

Document Type: STCL

Date Information

Creation Date: 25 Nov 2020

Release Date: 31 Dec 2020

Effective Date: 31 Dec 2020

Expiration Date:

Control Information

Author: WATER002

Owner: WATER002

Previous Number: STCL-SOP-053 Rev 06

Change Number: STCL-CCR-500

STCL Deionized Water System
CE# 15436
Plant Accounting #01-807-32
Pure Flow Customer # 410900

STCL-SOP-053 FRM 1 DI Water Checks

Resistivity Range: > 10 megohms/cm

NP = Not performed (Tasks are NOT performed on weekends or holidays)

NA = Not Applicable

YEAR _____

Record problems and corrective action on reverse side

* = Tank light is RED

MONTH	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																															
Tank light green																															
INITIALS																															
WEEKLY																															
Resistivity (> 10 megohms/cm)																															
Prime each spigot # 1 (Deionized & Filtered Water)																															
Prime each spigot # 2 (Deionized/Water ONLY)																															
Clean spigot #1																															
Clean spigot # 2																															
INITIALS																															

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

Monthly Review (Initials/Date) _____

Instructions for Completing the DI Water Checks Log

FIELD	RESPONSE
Year	Record the current year.
Month	Record the current month in which the information is being captured.
DAILY	Daily maintenance tasks listed below.
Tank light green	Place a check in the box below the current date if the green indicator light is on. If the red indicator light is lit, place an asterisk (*) in the box, initiate troubleshooting activities, and record actions on the reverse side of the form.
Initials	Record the initials of the person completing the task listed above.
WEEKLY	Weekly maintenance tasks listed below.
Resistivity	Record megohm reading from the meter. If < 10, initiate troubleshooting and record actions on reverse side of form.
Prime Spigot # 1	Prime spigot # 1 (Deionized & Filtered Water) for 30 seconds.
Prime Spigot # 2	Prime spigot # 2 (Deionized Water) for 30 seconds.
Clean Spigot # 1	Clean spigot # 1 with alcohol prep pad or equivalent.
Clean Spigot # 2	Clean spigot # 2 with alcohol prep pad or equivalent.
Initials	Record the initials of the person completing the tasks listed above.
NOTE	Effective December 2014, the water system is being cultured <u>twice per year</u> by Pure Flow as part of the preventative maintenance schedule. In an effort to minimize the noise coming from the components of the deionized water system located on the floor, a COVER was constructed and installed in the STCL on 01/09/2020 by Todd Barlow from Nycom (recommended by PureFlow)

Signature Manifest**Document Number:** STCL-SOP-053 FRM1**Revision:** 07**Title:** DI Water Check**Effective Date:** 31 Dec 2020

All dates and times are in Eastern Time.

STCL-SOP-053 FRM1 DI Water Check**Author**

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATER002)		17 Dec 2020, 01:30:48 PM	Approved

Management

Name/Signature	Title	Date	Meaning/Reason
Barbara Waters-Pick (WATER002)		17 Dec 2020, 01:31:03 PM	Approved

Medical Director

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		17 Dec 2020, 07:29:09 PM	Approved

Quality

Name/Signature	Title	Date	Meaning/Reason
Isabel Storch (IMS19)		18 Dec 2020, 07:54:00 AM	Approved

Document Release

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		18 Dec 2020, 11:31:16 PM	Approved