DIAGNOSTIC SERVICES MANITOBA SERVICES DIAGNOSTIC MANITOBA	**Daily Temperature and Weekly/Monthly Maintenance Record: Fridge QC Form A**	**Document # F160-QCFORM-08**
		Version # 02
	Approved by: Darcy Heron	**Effective Date: 14-DEC-2017**
		Source Document: Manitoba Transfusion Quality Manual for Blood Banks

Month: **Year:** **Reviewed by:** _____ **Date**: _____

Equipment Type: Fridge	**Model:**	**Serial # of Fridge:**
Acceptable Temperature Range:	**Location of Independent Thermometer:**	**Serial# of Independent Thermometer:**

DAILY: (√)

Day	Time	Tech	Digital Controller* (Internal Thermometer)	Independent Thermometer*	Chart	Temp within 2°C (√) If "No" see Note**	
			Temp	Temp	Temp	Yes	No
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							

***Note**: Independent thermometer must be in different location than digital controller

****Note:** If temperature of digital controller/ independent thermometer/ chart not within 2°C refer to QC Procedure- Temperature Monitoring Blood, Blood Component and Derivative Storage Equipment

WEEKLY

Week	Audible Alarm Check (√) ^				Charts Changed (√)		Temp. Record Review	
	Date	Tech	Pass	Fail	Date	Tech	Date	Tech
1								
2								
3								
4								
5								

MONTHLY

Battery Backup Check (√)ǂ			
Date	Tech	Pass	Fail

^**Note**: If audible alarm fails, refer to QC Procedure – Alarm Systems Check

ǂ**Note**: If battery backup check fails, refer to QC Procedure – Alarm System Check