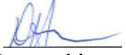


 DIAGNOSTIC SERVICES MANITOBA SERVICES DIAGNOSTIC MANITOBA	Daily Temperature and Weekly/Monthly Maintenance Record: Fridge QC Form A		Document # F160-QCFORM-08
			Version # 02
	Approved by:  Darcy Heron	Effective Date: 14-DEC-2017	Source Document: Manitoba Transfusion Quality Manual for Blood Banks

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							
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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

MONTHLY

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

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

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