DIAGNOSTIC SERVICES MANITOBA SERVICES DIAGNOSTIC MANITOBA	**Daily Temperature and Weekly/Monthly Maintenance Record: Fridge QC Form B**	**Document # F160-QCFORM-09**
		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	Temps Within 2°C (√) If "No" see Note**	
			Upper Temp	Lower Temp	Temp	Temp	Yes	No
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
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13								
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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

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