DIAGNOSTIC SERVICES MANITOBA / SERVICES DIAGNOSTIC MANITOBA	**Daily Temperature and Weekly/Monthly Maintenance Record: Platelet Incubator**	**Document # F160-QCFORM-11**
		Version # 02
	Approved by: Darcy Heron / **Effective Date: 28-DEC-2017**	**Source Document: Manitoba Transfusion Quality Manual for Blood Banks**

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

Equipment: Platelet Incubator	**Model:**	**Serial # of Equipment:**
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							
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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	Clean Vacuum Condenser		Audible Alarm Check (√) ^				Charts Changed (√)		Temp. Record Review		Battery Backup Check (√) ǂ			
	Date	Tech	Date	Tech	Pass	Fail	Date	Tech	Date	Tech	Date	Tech	Pass	Fail
1														
2														
3														
4														
5														

^**Note**: Includes platelet incubator agitator motion alarm
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