



**INDIVIDUAL EXAMINATION OF BLOOD PRODUCT STORAGE UNITS
(MAKE A COPY FOR EACH STORAGE UNIT)**

Hospital: John F. Kennedy Completed by: Barrett Hoffman Date: 10 / 01 / 2013

Circle one: LifeStream Assessment Self Assessment

1. Blood storage unit type: (Circle one)		Other (Explain in Comment Section)
Refrigerator Alarm Check 1.5-5.5° C	Freezer Alarm Check ≤ -20° C	Incubator Alarm Check 20.5-23.5° C
2. Blood storage unit identification number.		I.D. Number: B 937
3. Blood storage unit location.		Location: Blood Bank
4. Does storage unit appear to be in good working condition?		YES *NO
5. Check and record the internal temperature of the unit.		Temperature: 3.7
6. Check and record the temperature of the chart recorder or continuous recording method. If not applicable, circle NA		Temperature: 4.0
7. Examine records of alarm activation for the last activation. Do records show that alarm activation testing was performed as scheduled?		YES *NO
8. Check the temperature of HIGH activation at the time of the last alarm check. Record date of alarm activation and temperature.		Date of last alarm check: 8 / 27 / 13 Temp: F1
9. Check the temperature of LOW activation at the time of the last alarm check. Record the date of alarm activation and temperature. If not applicable, circle NA.		Date of last alarm check: 8 / 27 / 13 Temp: F1
10. Examine temperature monitoring records for the last 6 months (logs, chart recorders, etc). Document the date of the last deviation from acceptable range and temperature. Do not use alarm activation check. If not applicable, circle NA.		Date of last temperature deviation: Temp:
11. Is there documentation of corrective actions taken for this temperature deviation?		YES *NO
* If NO, document reason in comments section below. Initial/Date all comments.		
Comments: <u>F1 Need to provide actual alarm point temperature of high activation and low activation.</u>		
<u>F1 - Recieved documentation on 10 / 2 / 13. Alarm activation Low Point 1.5 degrees Celsius.</u>		

NA

NA

Hospital Relations Review

Date

Quality Assurance Review

Date