



Approved by:

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Source Document: Manitoba
Transfusion Quality Manual for
Blood Banks

Month: _____ Year: _____

Reviewed by: _____ Date: _____

Equipment Type: Platelet Incubator

Model: _____

Serial #: _____

Acceptable Temperature Range: _____

DAILY: (√)

Day	Time	Tech	Digital Controller (Internal Thermometer)	Independent Thermometer	Chart	Temps Within 2°C (√) If "No" see Note*	
			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: 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 (√)			
	Date	Tech	Date	Tech	Pass	Fail	Date	Tech	Date	Tech	Date	Tech	Pass	Fail
1														
2														
3														
4														
5														

Note: If Battery Backup check
fails, refer to QC Procedure -
Alarm System Check

*Includes Platelet Incubator Agitator Motion Alarm
Note: If Audible Alarm fails, refer to QC Procedure - Alarm Systems Check
Note: Independent Thermometer must be in different location than Digital Controller