



Fridge identification		Hospital Name: <i>Moonaree Hospital</i>							Asset No: <i>123321</i>							Month: <i>September</i>							Year: <i>2014</i>														
Daily maintenance checks		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					
Record blood fridge temperature from digital display or internal thermometer (Acceptable Range 2–6° C) (Record temperature)		5	4.5	4.0	4.5	5	4.5	4.0	4.5	5	4.5	4.0	4.5	5	4.5	4.0	4.5	5	4.5	4.0	4.5	5	4.5	4.0	4.5	4.0	4.5	4.0	4.5	4.0	-						
Check temperature recording chart operation and for out of range spikes (✓) Document reasons for spikes on temperature chart and in Problem Log below.(✓)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-					
Check fridge for blood that can be returned to the Transfusion Service Laboratory. Segregate blood and contact Lab regarding return (including advice on packing and transportation of blood as required) (✓)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-					
Initials of staff member performing check (initials)		RT	MC	DR	SH	EP	TT	AD	RT	MC	DR	SH	EP	TT	AD	RT	MC	DR	SH	EP	TT	AD	RT	MC	DR	SH	EP	TT	AD	-							
Weekly maintenance checks (See procedure on right)		Week	1	2	3	4	5	BLOOD FRIDGE MAINTENANCE PROCEDURES (See SA Health BloodSafe website for full procedures, including 6 month and 12 month checks)																													
		Date	1/9/14	8/9/14	15/9/14	22/9/14	29/9/14																														
Change temperature chart (✓)		✓	✓	✓	✓	✓	TEMPERATURE CHART [CHECK DAILY – REPLACE WEEKLY] Weekly temperature chart (circular type)- Open cover, remove old chart. Check chart for conformance during previous 7 days, date and sign. Date new chart, identify fridge/hospital, sign and place on recorder. Ensure that day and time are correct with pen recorder position. Adjust if necessary. Ensure pen tip is touching chart. Close and lock cover. Other types of temperature chart-Check chart operation and conformance daily and change as required. ALARM TEST [PERFORM WEEKLY] Audible: Push test button and ensure audible alarm (e.g. beep or siren) is functioning. Visible: Push test button and ensure visible alarm (e.g. flashing light) is functioning. Power loss: Turn power off at wall switch or main switch if accessible. Ensure alarms function. Remote alarm: Push test button and ensure remote alarm system(s) is functioning. Send copy of Temperature Chart to Partnering Transfusion Laboratory																														
Temperature chart copy sent to Partnering Transfusion Laboratory (✓)		✓	✓	✓	✓	✓																															
Test all alarms to ensure correct functioning	Audible (✓)	✓	✓	✓	✓	✓																															
	Visible (✓)	✓	✓	✓	✓	✓																															
	Power Loss (✓)	✓	✓	✓	✓	✓																															
Remote Alarm (✓)		✓	✓	✓	✓	✓																															
Initials of staff member performing check (Initials)		RT	MC	DR	SH	DR	ALARM HIGH AND LOW TEMPERATURE ACTIVATION CHECKS [PERFORM MONTHLY] Some newer fridges have an automated process for these tests. High and low alarm checks MUST be performed monthly. Older fridges require a manual checking process as detailed below. These checks must also be performed monthly. Please refer to the fridge manufacturer's manual on how to do this. Please handle probes carefully for the following checks (once completed carefully replace probes) <ul style="list-style-type: none"> High temperature alarm: Remove probe from container. Insert into a small container of room temperature water. Ensure alarm is activated as temperature rises above 5.5°C. Low temperature alarm: Remove probe from container. Insert into a small container of iced water. Ensure alarm is activated as temperature falls below 2.5°C. 																														
Monthly maintenance checks (See procedure on right)		BATTERY BACKUP CHECK – refer to manufacturer's instructions [PERFORM MONTHLY]																																			
		CORRECTIVE ACTION MUST BE TAKEN IF ANY BLOOD FRIDGE MAINTENANCE TEST FAILS																																			
Problem log Record problems, dates and corrective actions taken (continue on reverse if required)		VERIFICATION																																			
Blood fridge maintenance procedures must be performed according to the schedule above.		Reviewed by CSC/DON							Name Jane Smith							Sign <i>Jane Smith</i>							Date 1/10/14														
		Copy Sent to Partner Transfusion Laboratory							Name Sam Brown							Sign: <i>Sam Brown</i>							Date 1/10/14														
Blood Fridge Maintenance Record		Reviewed by Laboratory (Lab use Only)							Name							Sign							Date														
South Australian Public Hospitals Retention Disposal Schedule requires this form to be archived and stored for 20 years by the health unit																																					