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|  | **Refrigerator Temperature Verification**  **IPP#19** | **Dept:** | **Inpatient Phlebotomy 324305** |
| **Effective Date:** | **2/17/2011** |
| **Revised Date:** | **March 2019** |
| **Contact:** | **Laurie Watson** |
| **Name & Title: Greg Pomper, MD Medical Director** | | **Date:** |  |
| **Signature:** | | | |

* + - * 1. **General Procedure Statement:** To give guidelines to staff concerning the proper Process for monitoring refrigerator temperatures.
        2. **Purpose:** This procedure is to serve as a guide for trained personnel in the Inpatient Phlebotomy Department to perform the services described herein. These guidelines should be used in conjunction with proper training and only by qualified Phlebotomists.
        3. **Responsible Department/Party/Parties:**

Procedure owner/ Implementer: Inpatient Phlebotomy

Procedure prepared by: Laurie Watson MT(ASCP)

Who Performs procedure: Inpatient Phlebotomy

**4) Procedure: Refrigerator Temperature Verification**

In order to comply with safety and infection control standards the laboratory will check refrigerator temperatures daily.

Laboratory refrigerators have their temperature verified daily to assure that the contents are consistently maintained at 2-8° C.

Procedure Note: There are no reagent refrigerators in Inpatient Phlebotomy so temperatures are not critical.

**Refrigeration Verification**

1. Open the refrigerator door and locate the thermometer.
2. Read the temperature on the thermometer.
3. Verify that the temperature is between 2-8°C.
4. Record the temperature on the log.

**Corrective Actions**

1. If the temperature is not between 2 and 8°, then verify that the refrigerator’s contents are undamaged, remove contents to another refrigerator, and adjust the thermostat up or down accordingly. Place a “Do Not Use” sign on the refrigerator door. Check the temperature again in 30 minutes.

2. If the temperature fails to correct after adjusting the thermostat, then call engineering at extension 64841 to request a repair order. If the temperature corrects then return contents and remove sign.

**5)** **Review/Revision/Implementation:**

All procedures must be reviewed at least every 2 years.

* All new procedures and procedures that have major revisions must be signed by the CLIA Laboratory Medical Director.

* All reviewed procedures and procedures with minor revisions can be signed by the designated section manager.

**6) Related Procedures:** Temperatures and Humidity Monitoring

1. **References:** COM.30725, COM.30750, COM.303775, GEN 41042
2. **Attachments:** Refrigerator temperature log#IPP19.1
3. **Revised/Reviewed Dates and Signatures:**

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| Review Date: | Revision Date: | Reason: | Signature: |
|  | 3/6/2017 | Reformatted to Medical Center standard template | Laurie Watson, MT, ASCP |
|  | 3/5/2019 | Revised signature page | Laurie Watson, MT, ASCP |
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