


Quality Assurance Exception Report

 Atrium Health Wake Forest Baptist	DOCUMENT TYPE: <input checked="" type="checkbox"/> Form	ORIGIN DATE IN TITLE 21 6/3/2020
	CLIA Lab Director: Gregory Pomper, MD	LAB DEPARTMENT: Blood Bank

Situation: *(Who / what was involved. Make copies or screen prints of pertinent information.)*

Date/Time of Occurrence:	12/2/23 0900	Location:	Blood Bank
Patient Name:		MRN:	
Unit #(s):			
Reported To:	Management		
Category of Event:	<input type="checkbox"/> Unit Issue	<input type="checkbox"/> Blood Wastage	<input type="checkbox"/> Specimen Error
	<input checked="" type="checkbox"/> Tech Error	<input type="checkbox"/> Trauma Issue	<input type="checkbox"/> Wake One
	<input type="checkbox"/> WBIT	<input type="checkbox"/> Air Care	<input checked="" type="checkbox"/> Other

Background: *(Briefly state the pertinent history. What got us to this point?)*

No food or drinks allowed on work benches/in lab

Assessment: *(Summarize the facts and give your best assessment.)*

multiple drawers in the blood bank at "dirty" work stations have chocolates or candy in them.

Recommendation: *(What actions are you asking for?)*


Add to BB blast or have all staff sign QA report.

Corrective Action Taken by Staff:

candy and chocolate thrown away

QA Completed by/Date Time: GK 12/2/23 0900

Additional Action taken by Management / Medical Director:	Action	YES	NO	Initials
	CAPA Initiated			
	FDA Reportable			
	Procedure			
	RL6			

Management Review: 
 Medical Director Review: (if required)
 Monthly Management Review:

Date: 12/4/23
 Date:
 Date: