

TRAINING UPDATE

Lab Location: SGMC & WAH
Department: Core

Date Distributed: 4/6/2016
Due Date: 4/30/2016
Implementation: 5/1/2016

DESCRIPTION OF REVISION

Name of procedure:
Verify Now Maintenance Log AG.F304.1
Description of change(s):
<ul style="list-style-type: none">• Add space to record QC lot number and expiration to weekly section• Designate rows for Control 1 and Control 2 on page 2 <p>This revised FORM will be implemented on May 1, 2016</p>

Document your compliance with this training update by taking the quiz in the MTS system.

Verify Now Maintenance Log

- Germantown Emergency Center
- Shady Grove Medical Center
- Washington Adventist Hospital

Month: _____

Year: _____

Instrument Serial Number: _____

Daily	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	
Electronic Quality Control (EQC) is performed																																
Tech Initial																																

Weekly	Tech: Date:	Tech: Date:	Tech: Date:	Tech: Date:	Tech: Date:
Control 1	Lot: _____ Exp: _____ Result: _____ Range*: _____ <input type="checkbox"/> Accept <input type="checkbox"/> Fail	Lot: _____ Exp: _____ Result: _____ Range*: _____ <input type="checkbox"/> Accept <input type="checkbox"/> Fail	Lot: _____ Exp: _____ Result: _____ Range*: _____ <input type="checkbox"/> Accept <input type="checkbox"/> Fail	Lot: _____ Exp: _____ Result: _____ Range*: _____ <input type="checkbox"/> Accept <input type="checkbox"/> Fail	Lot: _____ Exp: _____ Result: _____ Range*: _____ <input type="checkbox"/> Accept <input type="checkbox"/> Fail
Control 2	Lot: _____ Exp: _____ Result: _____ Range*: _____ <input type="checkbox"/> Accept <input type="checkbox"/> Fail	Lot: _____ Exp: _____ Result: _____ Range*: _____ <input type="checkbox"/> Accept <input type="checkbox"/> Fail	Lot: _____ Exp: _____ Result: _____ Range*: _____ <input type="checkbox"/> Accept <input type="checkbox"/> Fail	Lot: _____ Exp: _____ Result: _____ Range*: _____ <input type="checkbox"/> Accept <input type="checkbox"/> Fail	Lot: _____ Exp: _____ Result: _____ Range*: _____ <input type="checkbox"/> Accept <input type="checkbox"/> Fail
Cartridge	Lot: _____ Exp: _____	Lot: _____ Exp: _____	Lot: _____ Exp: _____	Lot: _____ Exp: _____	Lot: _____ Exp: _____

* Printed on the Cartridge cover

As Needed Maintenance	Checked, Inspected and Cleaned the Filter: Tech: _____ Date: _____
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Action / Comment: _____

Weekly review:	Weekly review:	Weekly review:
Weekly review:	Weekly review:	Monthly review:

Verify Now Maintenance Log

- Germantown Emergency Center
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Continued

Control 1				
Control 2				

Weekly review:	Weekly review:	Weekly review:
Weekly review:	Weekly review:	Monthly review: