

TRAINING UPDATE

Lab Location: GEC, SGMC & WOMC
Department: Core lab, Field Ops

Date Distributed: 1/28/2020
Due Date: 2/28/2020
Implementation: 2/1/2020

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
Refrigerator Temperature and Maintenance Form AG.F395.2
Freezer Temperature and Maintenance Form AG.F396.2
Description of change(s):
<p>These logs are being revised to standardize the format of documenting temperatures as cited during CQA inspection.</p> <p>Internal thermometer must be read to nearest half degree (.0 or .5)</p> <p>Digital thermometer must be read to one decimal place (.0 or .1 or .2 and so on)</p> <p>These revised Logs will be implemented on February 1, 2020</p>

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



Refrigerator Temperature / Maintenance Form

- Shady Grove Medical Center
- White Oak Medical Center
- Germantown Emergency Center

ID _____
 Model _____

Serial Number: _____ Interp: S = satisfactory, temp w/in acceptable range
 Month/Year: _____ U = unsatisfactory, circle result and document corrective action;
 notify supervisor immediately

CHECK DAILY							Quarterly Maintenance
Date	Tech Code	Internal Thermometer 2-8°C <i>Read to nearest half degree (.0 or .5)</i>	Digital Temp 2-8°C <i>Read to one decimal place. Put N/A if Not Applicable</i>	Interp S / U	Corrective Action Use back of page if more space is needed	Weekly Review	<input type="checkbox"/> Check (✓) if quarterly maintenance not due during current month.
1							High Activation _____
2							Temp. Alarm Test Low Activation _____
3							<input type="checkbox"/> Acceptable
4							<input type="checkbox"/> Unacceptable
5							If unacceptable, document resolution on back.
6							<input type="checkbox"/> Acceptable <input type="checkbox"/> N/A
7							Power Failure Alarm <input type="checkbox"/> Unacceptable
8							If unacceptable, document resolution on back.
9							<input type="checkbox"/> Acceptable
10							Clean Condenser Grill <input type="checkbox"/> Unacceptable
11							If unacceptable, document resolution on back.
12							<input type="checkbox"/> Acceptable
13							Wipe Clean and Inspect Door Gasket <input type="checkbox"/> Unacceptable
14							If unacceptable, document resolution on back.
15							<input type="checkbox"/> Acceptable <input type="checkbox"/> N/A
16							Probe Bottle Inspection <input type="checkbox"/> Unacceptable
17							If unacceptable, document resolution on back.
18							Calibrate Temperature Probe <input type="checkbox"/> Acceptable <input type="checkbox"/> N/A
19							<input type="checkbox"/> Unacceptable
20							The temperatures must agree within 1.0°C
21							Therm. _____
22							Digital _____
23							If unacceptable, document resolution on back.
24							Annual Maintenance (check N/A if not due)
25							<input type="checkbox"/> Acceptable <input type="checkbox"/> N/A
26							Bleach Probe and Probe Bottle <input type="checkbox"/> Unacceptable
27							If unacceptable, document resolution on back.
28							
29							
30							
31							

Monthly Review: _____

Date: _____

Corrective Action Codes:

- A. Rechecked temperature (Log repeat temperature)
- B. Adjusted Thermostat (Retake temperature in 1 hour)
- C. Contacted repair service
- D. Contents removed and equipment taken out of service
- E. Other: (Document on reverse side of this sheet)



Freezer Temperature / Maintenance Form

- Shady Grove Medical Center
- White Oak Medical Center
- Germantown Emergency Center

Freezer Range (check one):

- 20 to -50C
- 20 to -25C GEC only
- 15 to -25C

ID _____ Serial Number: _____
 Model _____ Month/Year: _____

Interp: S = satisfactory, temp w/in acceptable range. U = unsatisfactory, circle result & document corrective action; notify supervisor immediately

CHECK DAILY							Quarterly Maintenance
Date	Tech Code	Internal Thermometer Read to nearest half degree (.0 or .5)	Digital Temp Read to one decimal place. Put N/A if Not Applicable	Interp S / U	Corrective Action Use the back of the page if more space is needed	Weekly Review	____ Check (✓) if quarterly maintenance not due during current month.
1							Temp. Alarm Test Activation Temp _____ (check appropriate) <input type="checkbox"/> Acceptable <input type="checkbox"/> ≤ -20C or <input type="checkbox"/> Unacceptable <input type="checkbox"/> ≤ -15C If unacceptable, document resolution on back.
2							
3							
4							
5							
6							Power Failure Alarm <input type="checkbox"/> Acceptable <input type="checkbox"/> N/A <input type="checkbox"/> Unacceptable If unacceptable, document resolution on back.
7							
8							
9							
10							
11							Clean Condenser Grill and Inspect External Drain Fan <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable If unacceptable, document resolution on back.
12							
13							
14							
15							
16							Wipe Clean and Inspect Door Gasket <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable If unacceptable, document resolution on back.
17							
18							
19							
20							
21							Probe Bottle Inspection <input type="checkbox"/> Acceptable <input type="checkbox"/> N/A <input type="checkbox"/> Unacceptable If unacceptable, document resolution on back.
22							
23							
24							
25							
26							Calibrate Temperature Probe <input type="checkbox"/> Acceptable <input type="checkbox"/> N/A <input type="checkbox"/> Unacceptable Therm. _____ The temperatures must agree within 1.0°C Digital _____ If unacceptable, document resolution on back.
27							
28							
29							
30							
31							Annual Maintenance (check N/A if not due) <input type="checkbox"/> Acceptable <input type="checkbox"/> N/A Bleach Probe and Probe Bottle <input type="checkbox"/> Acceptable <input type="checkbox"/> N/A <input type="checkbox"/> Unacceptable If unacceptable, document resolution on back.

Monthly Review: _____

Date: _____

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