

ACCESS SHIFT COMMUNICATION LOG

- St. Joseph Medical Center Tacoma, WA
 St. Clare Hospital Lakewood, WA
 St. Elizabeth Hospital Enumclaw, WA
 St. Francis Hospital Federal Way, WA
 St. Anthony Hospital Gig Harbor, WA
 PSC

DATE : _____

Issue	NIGHT SHIFT	DAY SHIFT	EVENING SHIFT
	Check appropriate boxes in each category to indicate completed tasks. <input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Reviewed: 198 / 199 LVJs <input type="checkbox"/> Verified: LVJs review in Cerner <input type="checkbox"/> Verified: All QC & repeats in Cerner <input type="checkbox"/> Lookback done <input type="checkbox"/> QIM Submitted	Check appropriate boxes in each category to indicate completed tasks. <input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Reviewed: 198 / 199 LVJs <input type="checkbox"/> Verified: LVJs review in Cerner <input type="checkbox"/> Verified: All QC & repeats in Cerner <input type="checkbox"/> Lookback done <input type="checkbox"/> QIM Submitted	Check appropriate boxes in each category to indicate completed tasks. <input type="checkbox"/> Performed <input type="checkbox"/> Not Performed <input type="checkbox"/> Reviewed: 198 / 199 LVJs <input type="checkbox"/> Verified: LVJs review in Cerner <input type="checkbox"/> Verified: All QC & repeats in Cerner <input type="checkbox"/> Lookback done <input type="checkbox"/> QIM Submitted
Q C			
R E A G E N T	198/199 <input type="checkbox"/> <input type="checkbox"/> No Reagents Loaded <input type="checkbox"/> <input type="checkbox"/> In Use Reagenst Loaded 198/199 <u>Circle either NS or NL</u> <input type="checkbox"/> <input type="checkbox"/> NS/NL Reagents Loaded <input type="checkbox"/> <input type="checkbox"/> NS/NL Calibrator Loaded <input type="checkbox"/> <input type="checkbox"/> Wash Buffer Loaded <input type="checkbox"/> <input type="checkbox"/> Substrate Loaded <input type="checkbox"/> <input type="checkbox"/> Empty Liquid Waste Container <input type="checkbox"/> <input type="checkbox"/> Critical Supply Log <input type="checkbox"/> <input type="checkbox"/> End of shift adequate inventory	198/199 <input type="checkbox"/> <input type="checkbox"/> No Reagents Loaded <input type="checkbox"/> <input type="checkbox"/> In Use Reagenst Loaded 198/199 <u>Circle either NS or NL</u> <input type="checkbox"/> <input type="checkbox"/> NS/NL Reagents Loaded <input type="checkbox"/> <input type="checkbox"/> NS/NL Calibrator Loaded <input type="checkbox"/> <input type="checkbox"/> Wash Buffer Loaded <input type="checkbox"/> <input type="checkbox"/> Substrate Loaded <input type="checkbox"/> <input type="checkbox"/> Empty Liquid Waste Container <input type="checkbox"/> <input type="checkbox"/> Critical Supply Log <input type="checkbox"/> <input type="checkbox"/> End of shift adequate inventory	198/199 <input type="checkbox"/> <input type="checkbox"/> No Reagents Loaded <input type="checkbox"/> <input type="checkbox"/> In Use Reagenst Loaded 198/199 <u>Circle either NS or NL</u> <input type="checkbox"/> <input type="checkbox"/> NS/NL Reagents Loaded <input type="checkbox"/> <input type="checkbox"/> NS/NL Calibrator Loaded <input type="checkbox"/> <input type="checkbox"/> Wash Buffer Loaded <input type="checkbox"/> <input type="checkbox"/> Substrate Loaded <input type="checkbox"/> <input type="checkbox"/> Empty Liquid Waste Container <input type="checkbox"/> <input type="checkbox"/> Critical Supply Log <input type="checkbox"/> <input type="checkbox"/> End of shift adequate inventory
I N S T R U M E N T	198 /199 198 /199 <input type="checkbox"/> <input type="checkbox"/> Maintenance <input type="checkbox"/> <input type="checkbox"/> No Maintenance <input type="checkbox"/> <input type="checkbox"/> Instrument OK <input type="checkbox"/> <input type="checkbox"/> Instrument DOWN <input type="checkbox"/> <input type="checkbox"/> Troubleshooting (see log) <input type="checkbox"/> <input type="checkbox"/> QIM <input type="checkbox"/> <input type="checkbox"/> Service Call Ref # _____ Tech ID _____ Comments: _____ _____ _____	198 /199 198 /199 <input type="checkbox"/> Maintenance <input type="checkbox"/> No Maintenance <input type="checkbox"/> <input type="checkbox"/> Instrument OK <input type="checkbox"/> <input type="checkbox"/> Instrument DOWN <input type="checkbox"/> <input type="checkbox"/> Troubleshooting (see log) <input type="checkbox"/> <input type="checkbox"/> QIM <input type="checkbox"/> <input type="checkbox"/> Service Call Ref # _____ Tech ID _____ Comments: _____ _____ _____	198 /199 198 /199 <input type="checkbox"/> Maintenance <input type="checkbox"/> No Maintenance <input type="checkbox"/> <input type="checkbox"/> Instrument OK <input type="checkbox"/> <input type="checkbox"/> Instrument DOWN <input type="checkbox"/> <input type="checkbox"/> Troubleshooting (see log) <input type="checkbox"/> <input type="checkbox"/> QIM <input type="checkbox"/> <input type="checkbox"/> Service Call Ref # _____ Tech ID _____ Comments: _____ _____ _____
Verbal Dept. Hand-off	<input type="checkbox"/> Final WCP pulled & reconciled <input type="checkbox"/> Dept. messages & Comm Log Handed off by _____ Received by _____	<input type="checkbox"/> Final WCP pulled & reconciled <input type="checkbox"/> Dept. messages & Comm Log Handed off by _____ Received by _____	<input type="checkbox"/> Final WCP pulled & reconciled <input type="checkbox"/> Dept. messages & Comm Log Handed off by _____ Received by _____

Comment:

PLEASE TURN OVER FOR MORE COMMENT SPACE