

Our best care. Your best health."

|  |   |   |      |   |   |   | N      | ΛIN  | IVI         | DA | S N    | IAI | NT | EN.      | AN  | CE | LC     | G  |    |    |    |        |    |    |    |    |    |    |    |    |    |
|--|---|---|------|---|---|---|--------|--|-------------|----|--------|-----|----|----------|-----|----|--------|----|----|----|----|--------|----|----|----|----|----|----|----|----|----|
|  |   |   |      |   |   |   |        | St. Clare Hospital Lakewood, WA  St. Elizabeth Hospital Enumclaw, WA  Highline Medical Center Burien, WA |             |    |        |     |    |          |     |    |        |    |    |    |    |        |    |    |    |    |    |    |    |    |    |
| MiniVidas Instrument serial #:                   |   |   |      |   |   |   |        |  | Month/Year: |    |        |     |    |          |     |    |        |    |    |    |    |        |    |    |    |    |    |    |    |    |    |
| Daily Maintenance                                | 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 |
| Temp Check Tray A/B 35-38 C with +/- 1.0 between |   |   |      |   |   |   |        |  |             |    |        |     |    |          |     |    |        |    |    |    |    |        |    |    |    |    |    |    |    |    |    |
| Temp Check SPR A/B 36-38 C with +/- 0.7 between  |   |   |      |   |   |   |        |  |             |    |        |     |    |          |     |    |        |    |    |    |    |        |    |    |    |    |    |    |    |    |    |
| QC performed and recorded                        |   |   |      |   |   |   |        |  |             |    |        |     |    |          |     |    |        |    |    |    |    |        |    |    |    |    |    |    |    |    |    |
| Tech ID  |   |   |      |   |   |   |        |  |             |    |        |     |    |          |     |    |        |    |    |    |    |        |    |    |    |    |    |    |    |    |    |
| Weekly PM Weel                                   |   |   | ek 1 |   |   |   | Week 2 |  |             |    | Week 3 |     |    |          |     |    | Week 4 |    |    |    |    | Week 5 |    |    |    |    |    |    |    |    |    |
| *** SPR Block Cleaned<br>Record date and tech ID |   |   |      |   |   |   |        |  |             |    |        |     |    |          |     |    |        |    |    |    |    |        |    |    |    |    |    |    |    |    |    |
| Monthly PM Record Date Performed                 |   |   |      |   |   |   |        |  |             |    |        |     |    | <b>.</b> |     |    |        |    |    |    |    |        |    |    |    | •  |    |    |    |    |    |
| *** Clean Strip Preparation Tray                 |   |   |      |   |   |   |        |  |             |    |        |     |    |          |     |    |        |    |    |    |    |        |    |    |    |    |    |    |    |    |    |
| *** Clean Reagent Strip Tray                     |   |   |      |   |   |   |        |  |             |    |        |     |    |          |     |    |        |    |    |    |    |        |    |    |    |    |    |    |    |    |    |
| *** Clean Drip Trays                             |   |   |      |   |   |   |        |  |             |    |        |     |    |          |     |    |        |    |    |    |    |        |    |    |    |    |    |    |    |    |    |
| *** Clean Lens                                   |   |   |      |   |   |   |        |  |             |    |        |     |    |          |     |    |        |    |    |    |    |        |    |    |    |    |    |    |    |    |    |
| Perform QCV Assay                                |   |   |      |   |   |   |        |  | ***         |    |        |     |    |          | • • |    |        | •  |    |    |    |        |    |    |    |    |    |    |    |    |    |
| Tech ID  |   |   |      |   | *** Turn MiniVidas off prior to performing these tasks. |   |        |  |             |    |        |     |    |          |     |    |        |    |    |    |    |        |    |    |    |    |    |    |    |    |    |
|  |   |   |      |   |   |   |        |  |             |    |        |     |    |          |     |    |        |    |    |    |    |        |    |    |    |    |    |    |    |    |    |

| J:\Lab\LAB\Document Control\Chemistry Active\MiniVidas Maintenance-00.docx | Effective Date: 3/19/15 | Page 1 of 1 |  |  |  |  |  |
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| DOCUMENT APPROVAL Purpose of Document / Reason for Change:   |   |  |                             |  |  |  |  |  |  |  |  |
|--|---|--|-----------------------------|--|--|--|--|--|--|--|--|
| New document for new instrument  |   |  |                             |  |  |  |  |  |  |  |  |
| ☐ No significant change to process in above revision. Per CAP, this revision does not require further Medical Director approval. |   |  |                             |  |  |  |  |  |  |  |  |
| Committee<br>Approval<br>Date  | <ul> <li>☑ Date: 03/12/15</li> <li>☑ N/A – revision of department-specific document which is used at only one facility</li> </ul> | Medical Director<br>Approval<br>(Electronic Signature) | Karie Wilkinson, MD 3/19/15 |  |  |  |  |  |  |  |  |