Cell Washer Maintenance Log

Asset #:_____   Month:_____   Year:_____

DAILY

Date	Flush DI water/clean/dry (✓)	Initials/Date
1		
2		
3		
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31		

WEEKLY (Tuesdays)

Task	Week 1	Week 2	Week 3	Week 4	Week 5
Flush w/ cleaning solution (✓)					
Clean rotor fill ports (✓)					
Initials/Date					

MONTHLY/AS NEEDED

NOTE: Saline volume check must be performed upon cube replacement.

Lot #	Revised Exp. Date	Saline Vol. (✓)	Calibration needed? (Y/N)	Initials/Date

Comments:_____

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Weekly Review by: _____ _____
                                              Date