Hospital Name: _____

BLOOD STORAGE UNIT FAILURE TEMPERATURE DOCUMENTATION

In the event of an equipment failure requiring blood to be moved to alternate/temporary storage:

Initial

_____ * Fill out MEDIC form **TSI3.B** (Equipment Failure/Malfunction Report) completely to document the failure,

_____ * Notify MEDIC immediately, following the instructions on form **TSI3.B**,

_____ * Monitor the temperature of the blood in the alternate storage area and record it below.

If blood is not stored in an approved blood storage unit, the temperature must be monitored and recorded frequently. Determine frequency based on the reliability of the alternate storage unit, but MEDIC recommends no less frequently than every 2 hours. If the alternate storage has been validated to maintain proper temperature for a longer period, a maximum interval of recording temperature every 4 hours could be used.

Date:			Comments:
Time	Temp	Tech	

_____ ***** Fax completed form daily to MEDIC (865) 521-2647.

_____ * Initiate a new form TSI3.D for each day of the failure until condition is corrected, then complete box below:

Hospital staff:

Record the date and time that the Blood Storage Unit Failure is corrected and products are returned to regular monitored storage. Date: _____ Time: _____ By: _____ (Hospital Tech)

MEDIC Hospital Services staff:

Forward for prompt review. MEDIC will not receive returns from this facility without approval from Quality.

MEDIC Supervisory Review: _____ Date: _____ MEDIC Quality: _____ Date: _____

MEDIC Regional Blood Center
1601 Ailor Avenue
Knoxville, TN 37921

MEDIC TSI3.D
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