

EQUIPMENT FAILURE/MALFUNCTION REPORT

Hospital Name: _____

Equipment that failed (✓): Blood Bank _____ Recorder _____ Alarm _____

Type of Failure/Malfunction: _____ Date/Time of Failure/Malfunction: _____

Action Taken: _____

Expected Time of Repair: _____

1) If RBCs were stored outside of their acceptable range: If N/A, check here: _____

Acceptable Storage Temperature Range for RBC products 1 - 6° C

a) What was the "peak" unacceptable temperature? _____ °C

b) How long did the temperature excursion last? _____ minutes

c) Attach documentation of the temperature excursion.

This could be a photo/copy of the recorder chart or a printout from an electronic monitoring system.

2) Initiate MEDIC form # TSI3.C if recorder failed, but products were not moved. If N/A, check here: _____

3) If blood products were moved to alternate storage: If N/A, check here: _____

a) Who placed the units in alternate storage? _____ When? Date: _____ Time: _____

b) Initiate MEDIC form # TSI3.D to document temperatures while in alternate storage.

4) If RBCs were moved to alternate storage and/or were involved in a temperature excursion, list them below:

UNIT NUMBERS OF RBCs

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5) **NOTIFY MEDIC BY PHONE IMMEDIATELY (865) 521-2640.**

Reported to: _____ at MEDIC on Date: _____ Time: _____ By: _____ at Hospital.

6) **FAX THIS COMPLETED REPORT to (865) 521-2647.**

MEDIC HS staff: 1) Use JA 6.310HEF 2) Place PFs on the RBCs above. Initial here: _____ NCE # _____
4) Forward for prompt review. MEDIC will not receive returns of these RBCs without approval from Quality.

MEDIC Supervisor Review: _____ Date: _____ MEDIC Quality: _____ Date: _____

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MEDIC TSI3.B
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