

Hospital Name: _____

RECORDER OR CONTINUOUS TEMPERATURE MONITORING SYSTEM FAILURE TEMPERATURE DOCUMENTATION FOR RBC STORAGE

In the event of recorder or continuous temperature monitoring system failure:

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 storage area and record it at least every 4 hours.

Date:			Comments:
Time	Temp	Tech	

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

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

Hospital staff:

Record the date and time that the recorder or continuous monitoring system failure is corrected below:

Date: _____ Time: _____ By: _____ (Hospital Tech)

MEDIC Hospital Services staff:

Forward form for prompt review.

MEDIC Supervisory Review By: _____ Date: _____

MEDIC Quality Review By: _____ Date: _____

MEDIC Regional Blood Center
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Knoxville, TN 37921

TSI3.C