

DISTRIBUTION DEPARTMENT

**BLOOD COMPONENT EMERGENCY STORAGE LIST AND TEMPERATURE RECORD**

Facility complete name: \_\_\_\_\_

Emergency Storage Information	Date	Time	Initials	Temperature
When did temperature of storage equipment exceed acceptable range?				
Cause:				
Corrective action:				

Note: Temperature of emergency storage container must be recorded initially and at least once every 4 hours. Refer to Technical Bulletin B205.

				Storage Container # (Use a new form for each container)
Date	Time	Temperature	Initials	Comments/Notes

Complete Unit Number (attach list if needed)	Blood Component	Comments/Notes

Hospital Reviewed By/Date: \_\_\_\_\_

<b>CBC USE ONLY</b>		<b>Date:</b>
QM Reviewed by:	Date:	IR#: