Bassett Healthcare Network

ATTACHMENT "C" TEMPERATURE LOG - Laboratory specimen, POC reagents, and POC test cartridges

Bassett Healthcare Network Location: _____   Month/Year _____

Record actual room remperature in the block. Write CLOSED in the space if the department is closed and record the minimum and maximum temperature for the days closed. If temperature is not recorded, leave blank.

Date	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Initials																															
Room Temperature Range 15° to 30°C																															
iSTAT 18° to 30°C Nuclear Med 20° - 25°C																															
Minimum temp closed																															
Maximum temp closed																															
Humidity Range 18% to 80% RH																															
Glu Only 10% to 90% RH																															
Minimum RH closed																															
Maximum RH closed																															
Refrigerator Range 2° to 8°C																															
Minimum temp closed																															
Maximum temp closed																															
Freezer Range -15° to -35°C																															
Minimum temp closed																															
Maximum temp closed																															

Corrective action **MUST** be documented for **ANY** temperature that falls out of range. Report any discrepancies. If Maintenance is required to make repairs/adjustments call ext. 3750, and document here what you did to correct/notify. Use the back of the page if needed. Make sure to note if POC contacted, if supplies/reagents/specimens moved, if temperature settings were adjusted.

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NOTE: All data is reviewed by Point of Care technical staff on regularly scheduled site visits. The review encompasses information from the last review date to the current review date. The staff performing tests are responsible for ensuring that temperatures are within acceptable ranges. MIN/MAX must be reset each time temperature/humidity is recorded.

Reviewed by: _____   Date: _____   Rev. 2/28/24 WF