DISTRIBUTION DEPARTMENT

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

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

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| **Emergency Storage Information** | **Date** | **Time** | **Temperature** | **Initials** |
| When did the temperature event begin? |  |  |  |  |
| When did the temperature exceed acceptable temperature range?  |  |  |  |  |
| Corrective action:  |

Note: Products must be relocated within 30 minutes of the first notification of unacceptable temperature range. Temperature of emergency storage container must be recorded initially and at least once every 4 hours. Refer to Technical Bulletin B205.

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|  | **Storage Container #****(Use a new form for each container)** |
| **Date** | **Time** | **Temperature** | **Initials** | **Comments/Notes** |
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| **Complete Unit Number (attach list if needed)** | **Blood Component** | **Comments/Notes** |
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Hospital Reviewed By/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CBC USE ONLY** |  | **Date:**  |
| QM Reviewed by: | Date: | NC#: |