NAME & ADDRESS OF BLOOD BANK			
Licence No.:-			_

## THERMOGRAPH CHANGE REGISTER



(GD-15)

EQUIPMENT DETAILS (Name, Sr. No., Model)	WEEK	DATE	TIME	WORK DONE BY	SUPERVISED BY	REMARKS
REFRIGERATOR No	1					
	2					
	3					
	4					
REFRIGERATOR No	1					
	2					
	3					
	4					
REFRIGERATOR No	1					
	2					
	3					
	4					
DEEP FREEZER	WEEK					
	1					
	2					
	3					
	4					
DEEP FREEZER	WEEK					
	1					
	2					
	3					
	4					
PLATELET AGITATOR & INCUBATOR	WEEK					
	1					
	2					
	3					
	4					
PLATELET AGITATOR & INCUBATOR	WEEK					
	1					
	2					
	3					
	4					

Signature			
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