

NAME & ADDRESS OF BLOOD BANK

Licence No.:-

**COMPONENT LABORATORY START UP PROCEDURE
(CS-14)**



MONTH 201

DAY		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Temp. of deep freezer																																	
Agitator / Incubator																																	
Cleaning	Instrument																																
	Component Lab																																
Laminar Air Flow	UV Lamp																																
	Red Oil																																
RDP Inventory																																	
FFP Inventory																																	
Sign. Of Lab. Tech.																																	
Sign. Of Tech. Supervisor																																	

WEEKLY MAINTENANCE							MONTHLY MAINTENANCE			REMARKS for the month (if any) :
Week		1	2	3	4	5			DATE	
Refrigerated Centrifuge	Greasing						Deep Freezer (ID NO.)	Defrosting		Signature of Supervisor :
	Cleaning of Cups and Rotor							Disinfection		