



NAME & ADDRESS OF BLOOD BANK

Licence No.:- _____

COMPONENT LABORATORY SHUT DOWN PROCEDURE (CS-15)

DAY		MONTH																												201				
		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		
RDP Inventory																																		
FFP Inventory																																		
Temperature Recording																																		
Refrigerated Centrifuge																																		
Switching off	Laminar Air Flow																																	
	Automated Component extractor																																	
	Refrigerated Centrifuge																																	
	Computer																																	
Signature of Lab. Tech																																		
Signature of Supervisor																																		