



NAME & ADDRESS OF BLOOD BANK

Licence No.:-

ID NO:-
DEEP FREEZER / REFRIGERATOR TEMPERATURE FORM
(CS-2)

MONTH _____ 201__

DATE	4:00 AM	TECH. SIGN	8:00 AM	TECH. SIGN	12:00 NOON	TECH. SIGN.	4:00 PM	TECH. SIGN.	8:00 PM	TECH. SIGN.	12:00 mid night	TECH. SIGN.
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Signature of Quality Manager/Technical Supervisor:-