



DukeMedicine

Division of Cellular Therapy

DOCUMENT NUMBER: ABMT-EQUIP-001 FRM9

DOCUMENT TITLE:

Equipment Maintenance and Repair Log FRM9

DOCUMENT NOTES:

Document Information

Revision: 02

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Control Information

Author: DRAGO001

Owner: DRAGO001

Previous Number: ABMT-EQUIP-001 FRM9 Rev  **Change Number:** ABMT-CCR-125

ABMT-EQUIP-001 FRM9 EQUIPMENT MAINTENANCE AND REPAIR LOG

Type of Device: _____ Serial Number: _____

Date	Type of Activity Needed (calibration, PM, repair)	Taken Out of Service (Y/N)	Activity Performed by	Date Performed	Revalidation, or PQ Required (Y/N)	Review of Collections Since Last Service (initial)	Date Placed Back in Use	Supervisor Review

Y=Yes, N=No, PM=Preventive Maintenance, PQ=Performance Qualification

Comments _____

INSTRUCTIONS

1. Input date activity in **Date** field.
2. Input type of activity in the **Type of Activity Needed (calibration, PM, repair)** field.
3. Input whether equipment taken out of service in **Taken Out of Service (Y/N)** field.
4. Input person or organization performing activity in **Activity Performed by** field.
5. Input date performed **Date Performed** field.
6. Input whether or not revalidation or recalibration required in the **Revalidation or PQ Required (Y/N)** field.
7. Input initial of supervisor who **Reviews Collections Since Last Service** following repair of equipment.
8. Input date placed back in service in the **Date Placed Back in Use** field.
9. Input initials or name of supervisor reviewing activity in **Supervisor Review** field.

Signature Manifest**Document Number:** ABMT-EQUIP-001 FRM9**Revision:** 02**Title:** Equipment Maintenance and Repair Log FRM9

All dates and times are in Eastern Time.

ABMT-EQUIP-001 FRM9 Equipment Maintenance and Repair Log FRM9**Author**

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Document Release

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