

LIFESHARE BLOOD CENTERS

Hospital Audit Checklist

Facility Audited: _____

Date: _____

Auditor(s): _____

Location: _____

Note: If hospital is used for the temporary storage of LifeShare inventory during disaster or equipment failure, review all records for storage freezers and platelet incubators as well as the refrigerators.

Training	Yes	No	NA	Comments	Initials
Staff competencies have been performed annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Staff training records are on file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Staff have been trained on latest SOP revisions and any appropriate internal policies/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Procedures	Yes	No	NA	Comments	Initials
Verify SOPs address handling of units during temporary storage, including manual temperature checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Verify SOPs address requalification of equipment after repair or moves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Verify SOPs address after hours monitoring of storage equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Verify SOPs address quarantine, disposal or return of unsuitable units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Verify SOPs address visual identification of out of service equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Equipment	Yes	No	NA	Comments	Initials
Temperature for refrigerators within range of 1-6 C. Refrigerator ID:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temperature for freezers within range of <-18 C/<-20 C Freezer ID:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temperature for platelet incubator is 20-24 C. Incubator ID:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Platelets are stored with continuous, gentle agitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Storage units contain thermometers that are calibrated at least annually. Thermometer ID:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the temperature continually monitored by a recording chart or central monitoring system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Equipment (continued)	Yes	No	NA	Comments	Initials
Daily temperature logs complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm checks are on schedule and acceptable per SOP/equipment manual High alarm activation temp: Low alarm activation temp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Review maintenance records and if applicable, repair records for storage equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Recording charts complete with no unexplained gaps or unacceptable temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Daily temperature logs and chart recordings match within tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are any units of blood stored away from the Blood Bank, i.e. surgical suites or emergency room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are returns allowed once the blood has left the blood bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do records document time out of storage and inspection of returned units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are charts and records for all non Blood Bank storage units acceptable and reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the blood arranged in an orderly fashion in the storage equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are unsuitable units identified visually and physically separated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are only blood components and reagents stored in the equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is facility/blood bank have generator power in case of an outage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments and Observations

Recommendations