Community Blood Center Administrative Offices: 4040 Main Street Kansas City, Missouri 64111

DISTRIBUTION DEPARTMENT

BLOOD COMPONENT EMERGENCY STORAGE LIST AND TEMPERATURE RECORD

Facility complete name: _____

Emergency Storage Information	Date	Time	Temperature	Initials
When did temperature of storage equipment exceed acceptable range?				
Cause:				
Corrective action:				

Note: Products must be relocated within 30 minutes of the first notification of unacceptable temperature range.Temperature of emergency storage container must be recorded initially and at least once every 4 hours. Refer to Technical Bulletin B205.

				Storage Container # (Use a new form for each container)
Date	**Time**	**Temperature**	**Initials**	**Comments/Notes**

Complete Unit Number (attach list if needed)	Blood Component	Comments/Notes

Hospital Reviewed By/Date: _____

CBC USE ONLY		**Date:**
QM Reviewed by:	Date:	NC#:

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