

# Satellite Blood Fridge Cleaning Log

## Cleaning Record for Satellite Blood Storage Fridge

Location: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Full Date and Time	Fridge cleaned by (Sign/PRINT) (as per Satellite Blood Fridge Policy)	Exterior cleaned?		Interior cleaned?		Blood Spillage?		Integrity of Door Seals Checked (Sign and Print)
		Yes	No	Yes	No	Yes	No	

Please return completed cleaning logs to the local Blood Bank