Hospital Information:

Hospital Name:
Hospital Address:

Form Completed by:

Name/Title:	Phone Number:
Date:	E-mail:

Please send the completed survey to CBC by email to the originating CBC staff or:

- **By Mail/Courier:**
  Community Blood Center
  ATTN: Quality/Regulatory Affairs
  349 South Main Street
  Dayton, OH 45402-2715
- **By Email** to supplierqualification@cbccts.org
- **Call** with any questions: 800-684-7783

Section 1: General Information				
1.1	Does your facility continuously monitor and record the temperature of all blood product storage devices, including platelet storage locations, or do you record the temperature at least every four (4) hours if continuous monitoring is not available?	☐ Yes	☐ No	
1.2	Does your facility have qualified storage and transport devices with the capacity and design to ensure the proper temperature of blood products is maintained?	☐ Yes	☐ No	
1.3	Are blood products stored in other areas of your facility? (e.g., emergency room, surgical or obstetric suites)	☐ Yes	☐ No	
1.4	Do all your facility's blood product storage devices have alarms to warn of temperature deviations?	☐ Yes	☐ No	
	• Are the alarms set to activate under conditions that will allow immediate action to be taken before the blood products reach unacceptable conditions?	☐ Yes	☐ No	☐ NA
	• Does the activation of the alarm initiate a process for immediate investigation and appropriate corrective action?	☐ Yes	☐ No	☐ NA
	• Is the alarm audible and monitored 24 hours a day?	☐ Yes	☐ No	☐ NA
1.5	Does your facility have written procedures to ensure blood products are not removed from validated storage and/or transport devices for more than 30 minutes?	☐ Yes	☐ No	
1.6	Does your facility have written procedures for the storage and handling of blood products to prevent damage and limit deterioration in the case of storage unit malfunction or power failure?	☐ Yes	☐ No	
1.7	Are all blood product storage units on emergency power?	☐ Yes	☐ No	
1.8	Does your facility have a quality control program to ensure blood product storage and transport devices, including platelet incubators & rotators, function as expected?	☐ Yes	☐ No	
1.9	Does your facility have a written procedure for handling blood products that are outdated, leaking, broken, discolored, or have an unusual appearance, and are visual inspections performed at pre-determined points in your processes?	☐ Yes	☐ No	

1.10	Is access by unauthorized personnel limited in your blood bank/laboratory or other blood product storage areas?	☐ Yes	☐ No	
1.11	Are the procedures and other records referenced in this assessment available for review by CBC if needed?	☐ Yes	☐ No	
1.12	Please explain any "No" or N/A" answers in Section 1.			

Section 2: Licensure/Certification

	Agency	Registration #	Exp. Date	Date of Last Inspection	Were there any findings?		
2.1	AABB				☐ Yes	☐ No	☐ NA
	CAP				☐ Yes	☐ No	☐ NA
	HFAP				☐ Yes	☐ No	☐ NA
					☐ Yes	☐ No	☐ NA
					☐ Yes	☐ No	☐ NA
					☐ Yes	☐ No	☐ NA
2.2	Please include copies of the applicable registrations listed above.						☐ NA
2.3	If there were any findings noted during the inspection of one of the agencies listed above, please attach an explanation of: • The nature of the finding • A description of the corrective action plan • Confirmation that the corrective action was effective and that the issue has been resolved.						

Section 3: CBC Approval

3.1	Are all responses and supporting documentation acceptable?	☐ Yes	☐ No
3.2	Comments:		
3.3	CBC Approval:		
	QRA Review/Date:		