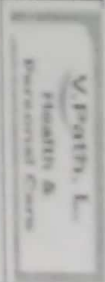


VPL-TEC-FR-002

FREEZER TEMPERATURE MONITORING FORM



Location: Laboratory

Acceptable Range: -15.0°C to -25.0°C

Thermometer Serial Number: 777-01

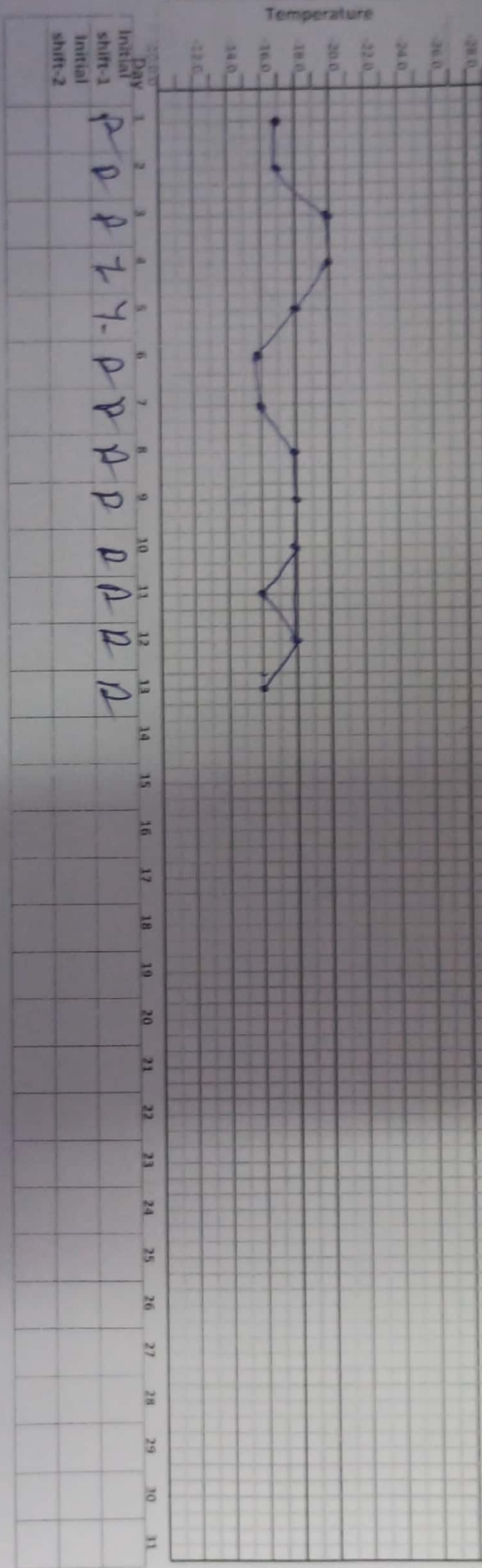
Month: Apr 2011

Measurement Uncertainty: _____ °C

Equipment ID: VPL-23

Year: 2011

Adjusted Range: _____ °C



Reviewed by: _____

* In case of any incident:

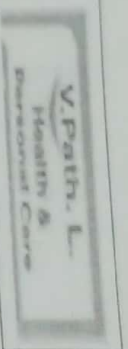
- 1) Inform the Head of Laboratory
- 2) Inform the Service and Application Department by sending e-mail with required information.
- 3) Record and hand over to the next shift staff
- 4) Record the incident in VPL "Incident Reporting FORM"

Revision No: 0

Revision Date: 31/12/2010

VPL-TEC-FR-005

CONTEC BC 300 BIOCHEMISTRY ANALYSER USER MAINTENANCE FORM



| | | | |
|------------|----------|---------------|-------------|
| MONTH | April | YEAR | 2021 |
| LABORATORY | Main Lab | SERIAL NUMBER | 19060500009 |

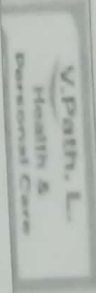
| | | DAILY MAINTENANCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| DATE | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Clean outer surface | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Check The Content Of The Waste Tank | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Check blank run pass by instrument | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Filter check pass by instrument | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Prime (Start of day and End of the day) | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| CHECKED BY (Employee ID/Initial) | | RPR PPR VPR APR BPR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | WEEKLY MAINTENANCE | | | | | | |
|----------------------------------|--|--------------------|---|---|---|---|---|---|
| DATE | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Perform hypo Cleaning | | ✓ | ✓ | | | | | |
| Clean the flow cell (if Needed) | | | | | | | | |
| CHECKED BY (Employee ID/Initial) | | RPR | | | | | | |

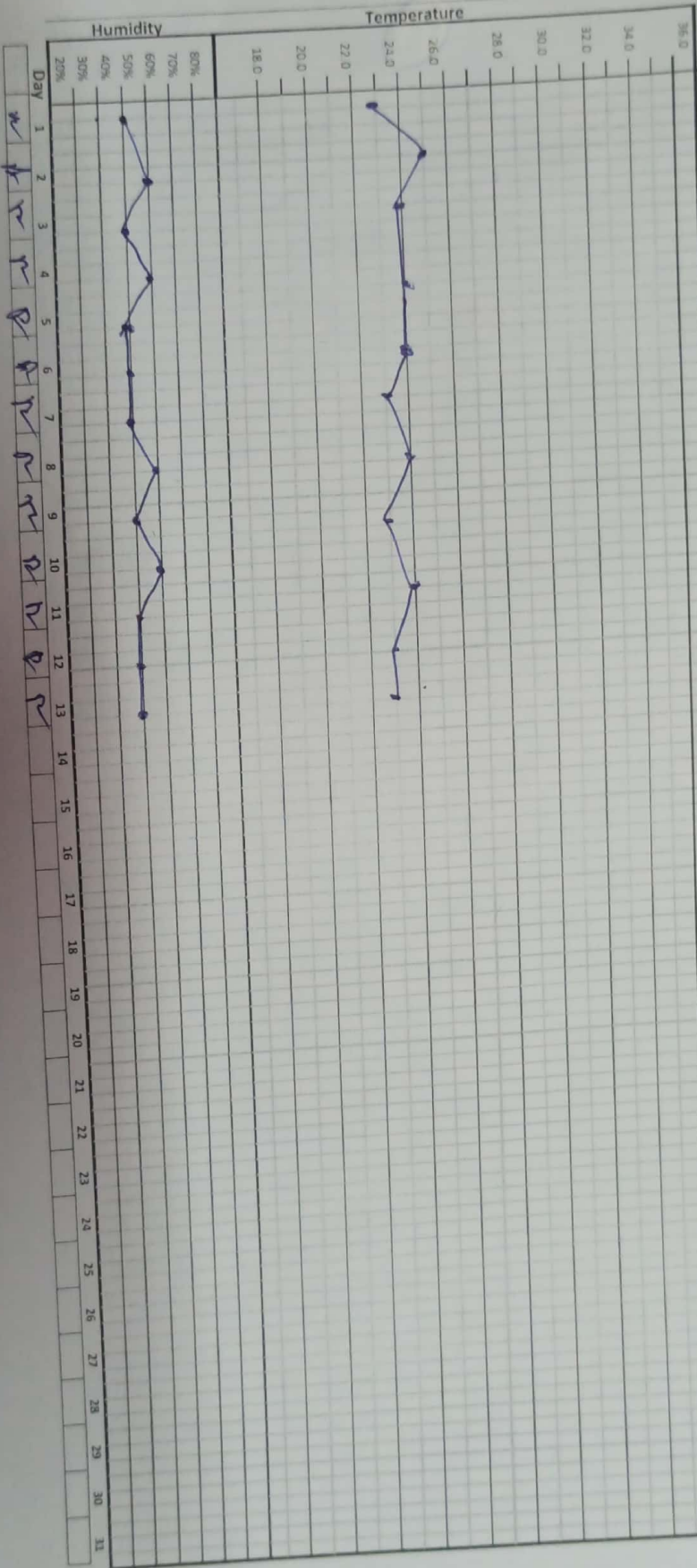
| | | MONTHLY MAINTENANCE | |
|----------------------------------|--|---------------------|--|
| DATE | | | |
| Data Back-up | | | |
| CHECKED BY (Employee ID/Initial) | | | |

| | |
|----------------------------|----------------|
| LABORATORY INCHARGE (Name) | DATE/SIGNATURE |
|----------------------------|----------------|

ROOM TEMPERATURE MONITORING FORM



Location: Laboratory Month: March April Year: 2021
 Acceptable Range: +18.0°C to +36.0°C Thermometer Measurement Uncertainty: — °C Adjusted Range: — °C
 Thermometer Serial Number: HTC-1 Humidity: 20% - 80%



Reviewed by: _____

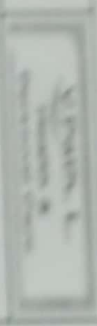
- Incise of any Incident.
- 1) Inform the /Head of Laboratory
- 2) Inform the maintenance department.
- 3) Record and hand over to the next shift staff
- 4) Record the Incident in PHL "Incident Reporting System".

Revision Date: 14/12/2019

MEMBER No. 0

100-100-0001

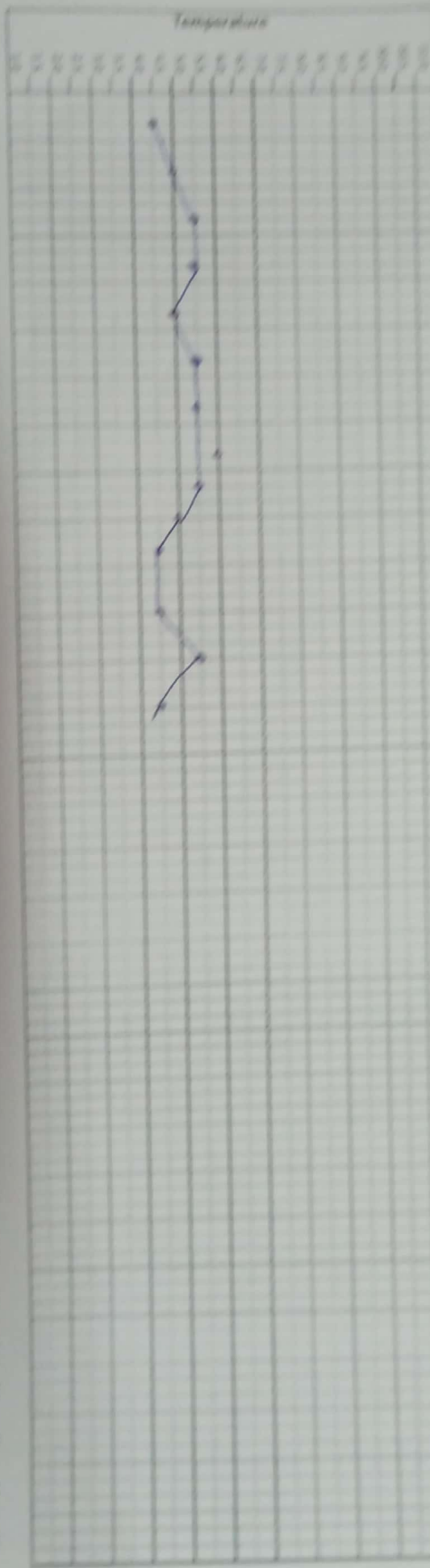
INDOOR TEMPERATURE MONITORING FORM



Location: Lab 101
Nominal Range: 20°C to 30°C
Nominal Span Number: 100-100-0001

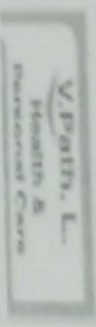
Room: Lab 101
Nominal Measurement Uncertainty: ±0.2
Equipment ID: 100-100-0001

Date: 2021
Accepted Range: 20-30



| Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Initial value | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Final value | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial value | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Final value | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Reviewed by: _____
 a. Name of any incident: _____
 b. Explain the cause of observations: _____
 c. Explain the Service and Acceptance Requirements by providing a new with required information. If received and hand over to the user with user: _____
 d. Attached the incident in the "Incident Reporting Form"



VPL-TEC-FR-007

CLEANING MONITORING FORM

| | | | |
|------------|----------|----------|----------|
| MONTH | April | YEAR | 2021 |
| LABORATORY | Main Lab | LOCATION | Main Lab |

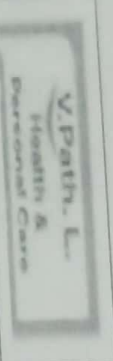
| EQUIPMENT / OTHER UTILITY | SERIAL NUMBER | CLEANING AND DISINFECTION* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|---------------|----------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| Centrifuge | KLLC-8823 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Tailor room | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Reception area | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Collection area | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Laboratory | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |

*C: Equipment Cleaning/D: Equipment Disinfection,
 *Greasing, Where Applicable.

| | | | |
|----------------------------------|-----------------|--------------------|--|
| CHECKED BY (Employee ID/Initial) | MN 747790DDA 12 | SIGNATURE AND DATE | |
| LABORATORY INCHARGE NAME | | | |

VPL-TEC-FR-009

CRITICAL RESULT INFORMATION FORM



| | | | |
|------------|----------|----------|------|
| MONTH | April | YEAR | 2021 |
| LABORATORY | main Lab | LOCATION | Lab |

CRITICAL VALUE INFORMATION LOG

| Date | ID | PATIENT NAME | PARAMETER NAME | RESULT | VERIFY RESULT | INFORMED BY SO | INFORMED TO DR. (PATHOLOGIST) | INFORMED TO PATIENT/CLINICIAN | INFORMED TIME | READ BACK | SIGN OF PERSON INFORMING | REMARKS |
|----------|-----|--------------|----------------|---------|---------------|----------------|-------------------------------|-------------------------------|---------------|-----------|--------------------------|---------|
| 10/11/21 | 123 | Chuni Lalji | CRP | 70.89 | Wind | Yunus Khan | - | Dr. Kuldip Singh | 12:30 PM | Yes | <i>[Signature]</i> | |
| 10/12/21 | 181 | Vali Bai | LDS | 1199.33 | Wind | Yunus Khan | - | Dr. Kuldip Singh | 1:00 P.M. | Yes | <i>[Signature]</i> | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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LABORATORY INCHARGE NAME

SIGNATURE AND DATE



RTK

55.1
27.1 10.1

Alarm Thermometer 899

+

SET

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