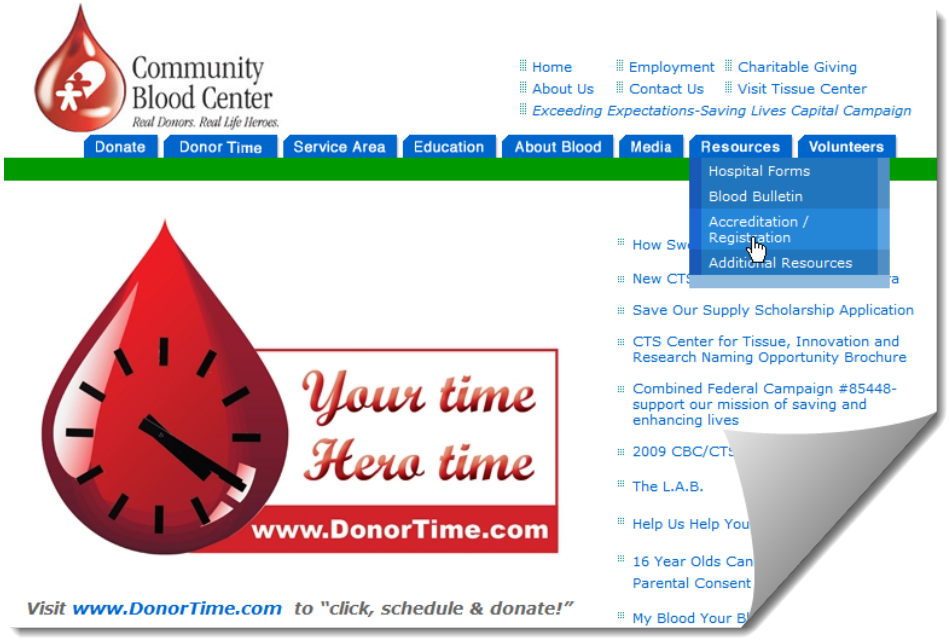
Instructions

1.0 Access the blood center website by going to www.cbccts.org.

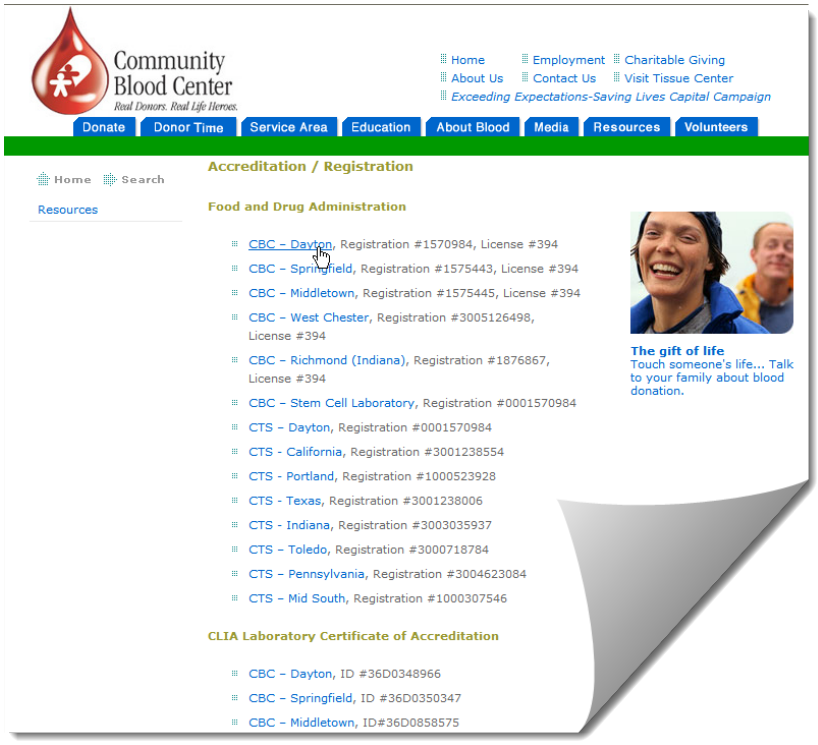
2.0 Place cursor on the **Resources** tab and click on **Accreditation/Registration** as shown below.



3.0 Please see the website for a complete list of accreditation and registration of documents.

3.1 For example:

- Food and Drug Administration (FDA)
- CLIA Laboratory Certificate of Accreditation
- American Association of Tissue Banks (AATB) – Standards for Tissue Banking
- Association for the Advancement of Blood and Biotherapies (AABB) – Standards for Blood Banks and Transfusion Service, Immunohematology Reference Laboratories



4.0 Print form.

END

Procedure

1.0 Within the 1st quarter of each even-numbered year, a representative from the customer's transfusion services or applicable department will complete QRA-402-F-01, Blood Product Storage Assessment (BPSA), and return to CBC.

2.0 Upon receipt, QRA will review QRA-402-F-01 for acceptability.

2.1 Any "No" responses must be addressed by adding comments or other documentation to satisfy the intent of the question.

2.2 If the response cannot be resolved, consult with QRA and HLS management on the possible next steps.

3.0 QRA shall obtain a list of all active hospitals that store and return blood to CBC and populate QRA-402-F-02, Blood Product Storage Assessment Tracking Log. A new log will be initiated for each year the BPSAs are completed. This list will be used to ensure that all BPSAs for the year are approved.

4.0 Update QRA-402-F-02 with the date the BPSA is approved.

END

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:			