Coverslipper Maintenance Log

Month / Year: _____

Equipment ID: _____ Make / model: _____

Location: _____ SOP / IFU reference: _____

Acceptance criteria / reference: _____

ROUTINE CHECKS

Frequency per IFU / SOP

OK = acceptable / completed X = exception ND = not due NU = not used N/A = not applicable. Explain X below.

Day	Mounting medium	Coverslip supply	Dispensing path	Slide path	Waste tray	Initials
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						

PREVENTIVE MAINTENANCE / OBSERVATIONS / CORRECTIVE ACTION

Date/time	Observation	Out of service?	Action Taken/WO#	Ready for use?	Verified Date	Initials
		□ Y □ N		□ Y □ N		
		□ Y □ N		□ Y □ N		
		□ Y □ N		□ Y □ N		
		□ Y □ N		□ Y □ N		
		□ Y □ N		□ Y □ N		
		□ Y □ N		□ Y □ N		

Reviewer signature: _____ Date: _____