# Tissue Processor 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 | Reagents | Paraffin | Retort / seals | Cleaning cycle | Status / alarms | Initials |
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## 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 | | |
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Reviewer signature: _____ Date: _____