**Contrôle hebdomaire de la qualité – Laveurs de cellules**

**Année :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Jour et mois** | **Nettoyage** | | | **Tech** | **Jour et mois** | **Volume – solution saline** | | | **Tech** |
| **Laveur de cellules** | | | **Laveur de cellules** | | |
| **no** | **no** | **no** | **no** | **no** | **no** |
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| Revu par : | Date : |
| Mesures correctives prises (au besoin) : | Dates : |

S= Satisfaisant NS= Non satisfaisant