**IM.011F - Thermal Insulated Container/Devices Pre-Conditioning Log for Redistribution Form**

Hospital Site:

Temperature-Monitored Storage Device:  Fridge  Freezer

Serial Number of Storage Device: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Temperature Range of Storage Device: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N.B. If temperature is outside of acceptable temperature range, do not use the container. Follow your site-specific processes for non-conformance reporting and equipment troubleshooting.

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| **TIC/ Log Tag** **(Name and ID#)****(If applicable)** | **Date/Time In - Container Placed In Device** | **Date/Time Out - Container was removed from the Device** | **Visual Check of Shipping Container OK?** | **Fridge/ Freezer Temperature at time of removal °C ?** | **Shipment Batch/Voucher #** | **Tech Initials** |
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Reviewed By: Date: