**FORM IM.011F - Materials/Devices Pre-Conditioning Log for Redistribution**

Hospital Site:

Temperature-Monitored Storage Device: ❑ Fridge ❑ Freezer

Temperature Range of Storage Device

|  |  |  |  |  |  |  |
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| **TIC/ Log Tag (name and ID#)** | **Date/Time In** | **Date/Time Out** | **Visual Check OK?** | **Fridge/ Freezer °C OK?** | **Form FD Voucher #** | **Tech Initials** |
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Reviewed By: Date: