

HemoCue Hb 201DM

Maintenance Log

Location: _____ Month: _____ Year: _____

HemoCue Hb201DM You may record "NR" for not required if the instrument is not used for patient testing on that day. Do not leave blanks)																															
Daily	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
Operator Initials																															
Clean Instrument Exterior																															
Clean Optronic Unit (after 50 tests or monthly)																															
Dock Analyser																															
Monthly (Record the date performed and initial and QAP – record NR if month when “not required”)																															
Run Liquid QC Level:	1																														
	2																														
Run QAP																															

Issue Log: Please note any issues with the device in the issues log below				
Date	Time	Issue	Action Taken	Name(please print)