DOWNTIME CHECKLIST

Downtime Scheduled: □ Yes □ No

Downtime date(s)/time: From: ___________ (date) ___________ (time) To: ___________ (date) ___________ (time)

Downtime Reason:

1. PRE-SCHEDULED DOWNTIME
   a. Directors/Managers notified of plan __________________
   b. Remind staff to have manual logs prepared & available __________________
   c. Recruitment call lists printed __________________
   d. Downtime queries available __________________
   e. Remind Directors to have staff available for data entry __________________

2. DOWNTIME
   a. Management and staff notified (intercom) __________________
   b. Recruitment results logged __________________
   c. Registration on BDRs __________________
   d. Eligibility and Deferral lists checked __________________
   e. Auto/Ther orders checked as needed __________________
   f. Medical clearances checked __________________
   g. Components logged __________________
   h. Quarantine/discard products logged __________________
   i. Products physically quarantined/discarded __________________
   j. Products labeled by manual methods __________________
   k. Manual invoices completed __________________

3. POST-DOWNTIME
   a. Announce end of downtime __________________
   b. Recruitment results entered (244) __________________
   c. Appointments entered __________________
   d. Donor registration completed __________________
e. PH donations updated (910)

f. Phlebotomy results entered (090)

g. Auto/Dir orders updated

h. Components entered (262)

i. Donor testing batches completed (145, etc.)

j. Quarantined products entered (132)

k. Discarded products entered (130)

l. Shipped/returned products invoiced

m. Invoices second reviewed

n. Data reviewed and verification reports printed if needed

o. Reviewed forms returned to departments

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<tr>
<th>Form Name</th>
<th>Review Date</th>
<th>Return Date</th>
<th>Department</th>
<th>Initials</th>
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Post Downtime Evaluation:
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Completed by: ___________________________ Date: ___________________________