Completion of the signature block below signifies the review and approval of this document.

Signed by:	Reason:	Date / Time (UTC):
Williams Martesa	Document Control Approval	30-Nov-2022 22:26:49

PROPRIETARY AND CONFIDENTIAL; SOLELY FOR THE AUTHORIZED USE OF THE GRIFOLS PLASMA COMPANIES AND THEIR AFFILIATES. PUBLICATION, REPUBLICATION, DISSEMINATION, OR DISCLOSURE OF THIS DOCUMENT REQUIRES GRIFOLS' SPECIFIC WRITTEN CONSENT. DESTROY IF YOU ARE IN UNAUTHORIZED POSSESSION OF THIS DOCUMENT.

Center Location: _____ **Date:** _____

Condition	Acceptable	Unacceptable
Freezer 1		
System 1		
System 2 (If applicable)		
Freezer 2		
System 1		
System 2 (If applicable)		
Freezer 3 (If applicable)		
System 1		
System 2		
Anteroom		
Anteroom 2 (If applicable)		

Item	Checked
System Pressures (HP/LP)	☐
oil level	☐
oil/refrigerant leaks	☐
abnormal noises	☐
refrigerant sight glass	☐
heater operation	☐
evaporator coil/pan for dirt or ice buildup	☐
Check for system short-cycling	☐
Check for fan sticking	☐
Check for proper full system operation	☐
Check for full functionality of defrost/timer	☐
Check for proper insertion of Checkit temperature sensor	☐

Based on the information reviewed, the freezers are performing to manufacturer's specifications at this time.

Freezer Technician: _____ / _____ / _____
(Signature) (Print) (Date)

Center Management: _____ / _____ / _____
(Signature) (Print) (Date)

Refrigeration Engineer: _____ / _____ / _____
(Signature) (Print) (Date)

PROPRIETARY AND CONFIDENTIAL; SOLELY FOR THE AUTHORIZED USE OF THE GRIFOLS PLASMA COMPANIES AND THEIR AFFILIATES. PUBLICATION, REPUBLICATION, DISSEMINATION, OR DISCLOSURE OF THIS DOCUMENT REQUIRES GRIFOLS' SPECIFIC WRITTEN CONSENT. DESTROY IF YOU ARE IN UNAUTHORIZED POSSESSION OF THIS DOCUMENT.