Ontario
Trillium Gift of Life Network

Tissue Equipment Maintenance Log

Name of Equipment		**Manufacturer's contact details:**	
Label:		**Date of purchase:**	
Serial number:		**Role responsible for equipment:**	
Manufacturer:		**Date put into service:**	

Date:	Maintenance Description	Maintenance Performed by:	Date of Qualification Before Put Into Service:	Qualification Performed by:	Next Maintenance Planned on (date):	Remarks: