



## Calibration and Maintenance of Equipment



February 1, 2005

### Policy C-IC-3

**Purpose:** To ensure that all Clinical Laboratory Improvement Act (CLIA) certification requirements are met and that all computer equipment shall be maintained /repaired according to the Administrative Reference Manual.

**Policy:** All clinical/laboratory equipment shall be maintained and calibrated according to the manufacturer's maintenance and calibration recommendations and Clinical Laboratory Improvement Act (CLIA) certification requirements. Computer equipment shall be maintained /repaired (Administrative Reference Manual)

#### Procedure:

- I. There will be an employee designated with the responsibility for assuring the maintenance and calibration of clinical and laboratory instruments/equipment and for maintaining a maintenance log on all such instruments/ equipment. (currently clinic nurses)
- II. Sterilization of equipment/supplies shall be maintained according to the recommendations of the manufacturer.
- III. The calibration schedule is as follows:
  - A. Scales are calibrated annually (by a trained TRDHD employee)
  - B. Audiometers are calibrated annually
  - C. Microscopes are cleaned at periodic intervals as necessary
- IV. Logs are maintained for the following:
  - A. Scale Calibrated Log
  - B. TRDHD Emergency Equipment, Supplies, and Medications Monthly Log
  - C. Refrigerator/Freezer Temperature Log- twice daily
  - D. Urine Dipstick-each day testing and when new box opened
  - E. HCT-HGB Controls-each day used and when new box opened
  - F. Glucose controls-when new strips opened.
  - G. Pregnancy test controls–each time a new box is opened

- V. All computers must meet minimum state requirements and be maintained/ repaired through locally procured services. Equipment or upgrades that connect to the Kentucky Internet Highway (KIH) shall be coordinated with the Department for Public Health to ensure compatibility and efficient use of funds.

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**District Director**

**Date**

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**Chairperson, Three Rivers District Board of Health**

**Date**