



Punjab Blood
Transfusion Authority



Government of the Punjab
Health Department

Punjab Blood Transfusion Authority
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**GOVERNMENT OF THE PUNJAB
PUNJAB BLOOD TRANSFUSION AUTHORITY**

Blood Bank Inspection Checklist

Date: _____

Sr. No. _____

Name of Blood Bank _____

Address _____

Name of Incharge Blood Bank _____ Employed since _____

Qualification of Incharge Blood Bank _____ Trainings _____

Telephone No. _____ Fax No. _____

Mobile No. _____ E-mail: _____

Is the Blood Bank already licensed? Yes No If Yes; License number: _____

PURPOSE OF INSPECTION

First time Yes No License Renewal Yes No

CURRENT INSPECTION TEAM

Technical Experts

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STRUCTURE

Is the Blood Bank an independent department? Yes No If No, part of Pathology Department? Yes No

PROCUREMENTS

Separate budget for the Blood Bank? Yes No

Equipment identified and/or selected by: Pathology Department Blood Bank

Kits and consumables identified and/or selected by: Pathology Department Blood Bank

SAFETY AND WASTE MANAGEMENT

Are there written safety and hygiene instructions/SOPs in the Blood Bank? Yes No

Needle stick injury protocol available? Yes No

Needle stick injury management tray available? Yes No Incinerators Yes No

Donor adverse reaction management tray? Yes No

Waste Disposal Yes No Daily Weekly Documentation Yes No

Remarks _____

PREMISES

Are separate areas/rooms designated for?

Blood Collection Yes No Blood Testing and Processing Yes No

Storage Yes No Quarantine of Unscreened Components Yes No

Distribution/Issuance Yes No Screened Components Yes No

Are the premises of blood donation area comfortable, clean, well-lit and spacious? Yes No

Is there privacy for donor interview and counseling? Yes No

Is there a waste disposal area for the safe disposal of contaminated Blood Bank waste, designated? Yes No

HAEMOVIGILANCE

Is the Blood Bank Establishment able to trace a donor through the ID number of issued blood component? Yes No

Is the Blood Bank able to trace the final destination of the different components coming from one donor? Yes No

Is there a procedure for reporting and investigating adverse transfusion reactions? Yes No

Are all adverse reactions documented? Yes No If Yes, provide the last year data Yes No

Is there a Hospital Transfusion Committee (HTC)? Yes No If Yes, when was it established? _____

Provide the composition of HTC and the minutes of last meeting _____

EQUIPMENT

	Available	Calibrated	Out of order	Remarks
Mixer/scale for blood collection				
Sterile connection device				
Donation couch				
Plasma extractor manual				
Plasma extractor automatic				
Platelet agitator				
Tube sealer				
Aphaeresis				
Red blood cell transport box with ice packs				
FFP transport box				

Plasma freezer				
Freezer plasma (blast)				
Refrigerator blood bag				
Refrigerator domestic (for kits, antisera storage)				
Haematology analyzer				
Hb meter/Copper sulphate				
ELISA/CLIA				
Centrifuge blood bag refrigerated				
Centrifuge bench top				
Centrifuge serofuge				
Gel Tube Centrifuge and Incubator				
Mixer tube				
Water bath				
Incubator				
Others				

Equipment maintenance record Yes No Equipment operating procedures Yes No

PROCESSES

Blood grouping: Reverse Yes No Forward Yes No
 Tube Yes No Slide Yes No

Others _____

Screening: HBV Yes No HCV Yes No
 HIV Yes No Syphilis Yes No
 Malaria Yes No Others _____

Screening technique: ELISA CLIA Rapid Devices

Components production: FFP Yes No RCC Yes No
 Cryo Yes No Platelets Yes No
 Whole Blood Yes No

Aphaeresis: Platelets Yes No Plasma Yes No

STANDARD OPERATING PROCEDURES

Are the following Standard Operating Procedures available in the Blood Establishment?

Donor Management: Reception of Donor Yes No Haemoglobin Screening Yes No
Medical Interview (performa) Yes No Pre-donation Counseling Yes No
Physical Examination Yes No

Collection: Inspection of Blood Bags and Labeling Yes No
Collection of Whole Blood Donation Yes No Collection of Blood Samples Yes No
Collection of Blood Components through Aphaeresis Yes No
Post Donation Care/Refreshments Yes No Management of Adverse Reactions Yes No
Documentation of Adverse Reactions Yes No

TTI Screening: Reception of Blood Samples Yes No Testing for HBsAg Yes No
Testing for HCV Antibodies Yes No Testing for HIV Antibodies Yes No
Syphilis Screening Yes No Malarial Parasite Detection Yes No
Reporting of Results Yes No

Immunohaematology: ABO Grouping (forward & reverses) Yes No Weak ABO Types Yes No
RhD Typing Yes No Antibody Identification Yes No Antibody Screening Yes No
Identification of Weak Rh Types Yes No Corss matching Yes No

Component Preparation: Red Cell Concentrates Yes No FFP Yes No
Cryoprecipitate Yes No Platelets Yes No Labeling Yes No

Storage: Red Cell Concentrates Yes No FFP/Cryoprecipitate Yes No
Platelets Yes No Thawing of FFP Yes No

Issuance of Blood Components: Receiving Clinical Request Forms and Blood Samples Yes No

Distribution to Ward: Labeling Yes No

DOCUMENTATION

Records Manual Computerized Donor Record Yes No
Blood Collection Record Yes No TTI Screening Record Yes No
Blood Products Record Yes No Cross-matching Record Yes No
Transfusion Records Yes No Adverse Transfusion Reaction Record Yes No

PRICING

Whole Blood _____ RCC _____ FFP _____ Platelets _____ Cryoprecipitate _____
Others _____

QUALITY CONTROL

Screening kits evaluation (sensitivity, specificity, etc.): At the time of procurement Yes No

Regularly Yes No

Blood bags evaluation: At the time of procurement Yes No On regular basis Yes No

Antisera and Coombs sera evaluation: At the time of procurement Yes No Regularly Yes No

Temperature QC record (refrigerator, freezer, agitator) Yes No

Components QC record Yes No Screening QC record Yes No

External QC Yes No Source _____

Remarks _____

REQUIRED DOCUMENTS

List of Blood Bank staff with qualification and experience

SOP Manual

Photocopies of Educational Credential of Blood Bank Incharge

Last year's adverse transfusion reactions record

Composition of HTC and the minutes of last meeting

Observations _____

Technical Expert Name: _____ Signature _____

Technical Expert Name: _____ Signature _____

Technical Expert Name: _____ Signature _____

Dated _____