|  |
| --- |
| ***Insert Laboratory Specific Name Here*** |
| **NextSeq Equipment Maintenance Log** |

|  |  |  |
| --- | --- | --- |
| **Lab:** | **Building #:** | **Room #:** |
| **Equipment: Illumina NextSeq** | **Serial #:** |
| **Log Start Date:** | **Log End Date:** |

|  |  |
| --- | --- |
| **In Use Weekly Maintenance**  | **Idle Every 14 Day Maintenance**  |
| **Equipment Cleaning** **Complete Date** | **Initials** | **Quick Wash Date** | **Initials**  |
|  |  |  |  |
|  |  |
|  |  |  |  |
|  |  |
|  |  |  |  |
|  |  |
|  |  |  |  |
|  |  |
|  |  |  |  |
|  |  |
|  |  |  |  |
|  |  |
|  |  |  |  |
|  |  |
|  |  |  |  |
|  |  |
|  |  |  |  |
|  |  |
|  |  |  |  |
|  |  |
|  |  |  |  |
|  |  |
|  |  |  |  |
|  |  |
|  |  |  |  |
|  |  |
| **Every 6 Month Maintenance** |
| **Air Filter Replacement Complete Date**  | **Initials** | **Comments** |
|  |  |  |

Approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_