

labOptimise

Pipettes housekeeping - monthly task sheet

Cross-platform record for care between planned maintenance visits

Month / year

Laboratory / site

Instrument ID

Location

Owner

SOP / reference

DAILY CHECK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Identity, range and calibration status																
External condition and contamination																
Tip fit and operating feel																
Technique and storage																

DAILY CHECK	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Identity, range and calibration status															
External condition and contamination															
Tip fit and operating feel															
Technique and storage															

WEEKLY CHECKS - complete once each week

Condition and leak review: Clean and inspect accessible lower parts; investigate leakage, rough operation, poor tip fit or suspected internal contamination.

Assets and accessories: Confirm pipettes, stands, chargers and approved tips are identified, complete and within calibration status.

W1W2W3W4

W1W2W3W4

MONTHLY REVIEW

Performance and preventive review: Review checks, drops, repairs and recurring observations; quarantine damaged, leaking or out-of-tolerance

POST-MAINTENANCE / RETURN TO USE

Reassembly, function and qualification impact assessed and recorded.

Concerns / task reference:

Annual servicing is one important control - not a year-round maintenance strategy.

Pipettes experience repeated tip loading, seal movement, aerosol exposure, chemical contact and handling throughout the year. Their condition needs maintaining between calibration and service events through inspection, compatible cleaning, functional checks and timely response to leakage or inconsistent delivery.

DAILY

Identity, range and calibration status

Confirm the correct pipette and volume range are selected, the asset identity is legible and calibration or verification status is current for the intended work.

DAILY

External condition and contamination

Inspect the body, display, controls, shaft or nose cone and tip ejector for residue, damage or evidence of a drop. Do not use a contaminated or damaged pipette.

WEEKLY

Shaft, cone and ejector

Clean accessible external and lower-part surfaces using compatible materials. Inspect the cone, shaft, ejector and seals visible without unauthorised disassembly for wear, deposits or damage.

WEEKLY

Leak and delivery indication

When condition is uncertain, perform the approved leak check or interim gravimetric check. Investigate dripping, a falling liquid column, bubbles or unusual aspiration behaviour.

MONTHLY

Performance and trend review

Review interim checks, calibration history, user observations, repairs, drops and recurring leakage or precision concerns across the pipette set.

MONTHLY

Seal, piston and channel condition

Assess stiffness, rough travel, uneven channel loading, irregular aspiration or other symptoms of seal, piston, O-ring or lower-part wear; do not improvise internal maintenance.

SHUTDOWN

Clean, secure and leave the instrument in its defined state.

POST-MAINTENANCE

Check reassembly and function; assess verification or qualification impact.

METHOD CONTROL

Current standard, method, OEM manual and SOP remain controlling.

PAUSE AND INVESTIGATE WHEN YOU SEE

• Dripping or loss of liquid column

Liquid falls from the tip, the aspirated column drops or bubbles appear without a technique-related explanation.

• Poor or uneven tip fit

Tips loosen, leak, load unevenly, eject inconsistently or require excessive force.

• Inconsistent delivery

Replicates, channels or routine check results vary more than expected under controlled conditions.

• Volume or display concern

The setting changes unexpectedly, cannot be locked, is difficult to adjust or an electronic warning appears.

• Stiff, rough or incomplete travel

The plunger catches, binds, returns slowly or requires unusual force at either stop.

• Drop, immersion or internal contamination

The pipette is dropped, submerged or exposed internally to liquid, aerosol or corrosive vapour.

MONTH-END REVIEW

Reviewed by: _____ Date: _____ Outcome / follow-up: _____