

SITE VISIT DOCUMENTATION COMPANION

Instruction: This may be printed as a tool to support review of specific elements of the PEAR Site Visit Reviewer Guide. This document only assesses the sections identified below, to assist in notetaking and documentation in the PEAR online reviewer guide. Please ensure PEAR is utilized to document site visits online during the visit.

Request from Provider:

- Three months of temperature logs and any related excursion documentation
- Borrowing Report—documentation since last VFC Site Visit
- Calibration Certificates, including back-up (ask for copies if necessary)
- 10 Charts randomly requested from the Site Visit Chart Pull in MCIR

Question 3.1 and 3.2: Chart Review

DOCUMENTATION ELEMENT	CHART REVIEWED									
	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10
Immunization Date (Q3.1)										
Patient's Date of Birth (Q3.1)										
Eligibility Status (Q3.1)										
Address of clinic (Q3.2)										
Manuf. AND lot number (Q3.2)										
Date dose administered (Q3.2)										
Name AND title of indiv. administering vaccine (Q3.2)										
Date VIS given AND VIS pub. date (Q3.2)										
MCIR within 72 hours (Michigan Q)										
NOTES:										

Question 3.6: Vaccine Management Plan

REQUIRED ELEMENT OF PLAN	YES	NO	NOTES
List current Primary and Backup?			
Address storage and handling			
Procedure for receiving vaccines			
Procedures in the event of emergency			
Procedures for ordering			
Address inventory control (stock rotation)			
How to handle wastage			
Staff training & documentation on S&H			
Reviewed within last 12 months			
Signed by the individual responsible			
Posted and accessible to staff? (MI Req.)			

Section 4 & 5: Storage Unit & Temp Documentation

UNIT # _____			
Description (make/model): _____			
TYPE: Stand-alone: _____ Combination: _____ Refrigerator: _____ Freezer: _____ GRADE: Pharmaceutical: _____ Commercial/Household*: _____ *If combination, which sections houses vaccine? Both sections: _____ Freezer: _____ Refrigerator: _____			
Current temp: _____ Min: _____ Max: _____ Fahrenheit or Celsius? _____ <i>Refrigerator: 2.0 to 8.0C or 36.0 to 46.0F Freezer: -50.0 to -15.0C or -58.0 to +5.0F</i>			
DEVICE ASSESSMENT	YES	NO	<p style="text-align: center;">CERTIFICATE OF CALIBRATION*</p> <p>*Document details or request copies of certificates:</p> Type/Name: _____ Serial #: _____ Date of Calibration: _____ Due for next Calibration: _____ Uncertainty of 0.5C/1F? Yes _____ No _____ Passed Testing? Yes _____ No _____ <p style="text-align: center;">REVIEW THREE MONTHS OF TEMP LOGS:</p> 1. Min/max documented each day/AM? Yes _____ No _____ 2. Current temp documented twice/day? Yes _____ No _____ 3. Contains name/initials & time? Yes _____ No _____ 4. Were vaccines exposed to out-of-range temps in the last three months (including today)? Yes* _____ No _____ *If yes, see below] 5. Provider submitting temp logs monthly? Yes _____ No _____
Digital Data Logger on unit			
DDL has display/viewability			
DDL downloaded weekly			
DDL probe placed properly			
DDL ID matches probe ID (must be calibrated together = should match)			
OVERALL UNIT ASSESSMENT	YES	NO	
Water bottles placed properly (if applicable)			
Vaccines away from edges with room for air circulation			
Clearly labeled VFC and private			
Any vaccines in doors/deli drawers?			
Is there food in the unit?			
"Do Not Disconnect" signs or policy to protect power supply			
Room for full supply of stock?			
Are there expired vaccines/diluents?			
All signs outside units have correct dates (MDHHS Prep & Admin, S&H)			
Notes:			

If exposure to out-of-range temperatures:

Did the provider quarantine and label vaccines as "DO NOT USE"? Yes _____ No _____

Did the provider place vaccine in a unit stored under proper conditions, if applicable? Yes _____ No _____

Did the provider contact the immunization program to report the excursion? Yes _____ No _____

Was the manufacturer contacted for documentation for usability of the vaccine? Yes _____ No _____

UNIT # _____			
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Reminders:

- Circuit Breaker check—"Do Not Disconnect" on the unit and at the individual switch
- Check VIS & additional documents for up-to-date