

<b>UNIT #</b> _____			
<b>Description (make/model):</b> _____			
<b>TYPE:</b> Stand-alone: _____ Combination: _____ Refrigerator: _____ Freezer: _____ <b>GRADE:</b> 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>			
<b>DEVICE ASSESSMENT</b>	<b>YES</b>	<b>NO</b>	<div style="text-align: center;"><b>CERTIFICATE OF CALIBRATION*</b></div> <p><b>*Document details or request copies of certificates:</b></p> Type/Name: _____ Serial #: _____ Date of Calibration: _____ Due for next Calibration: _____ Uncertainty of 0.5C/1F? Yes ____ No ____ Passed Testing? Yes _____ No _____  <div style="text-align: center;"><b>REVIEW THREE MONTHS OF TEMP LOGS:</b></div> 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 ____  <div style="text-align: center;">*If yes, see below]</div> 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)			
<b>OVERALL UNIT ASSESSMENT</b>	<b>YES</b>	<b>NO</b>	
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)			
<b>Notes:</b>			

***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 \_\_\_\_

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