

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	<div style="text-align: center;">CERTIFICATE OF CALIBRATION*</div> <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 _____ <div style="text-align: center;">REVIEW THREE MONTHS OF TEMP LOGS:</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)			
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 ____

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