CHECK LIST FOR SUPPORTIVE SUPERVISION OF COLD CHAIN POINTS

State :			District :					_Date ://		
Cold Chain Facility :Level : State / Regional / Divisional / District / PHC										
Name	of Supervisor :	Department :					_			
Designation:										
Available structure and equipment:										
1.	Separate designated room for placing cold chain equipment available at facility, as per guidelines.								Yes 🗌	No 🗌
1.1	If yes - All available electrical equipment are placed in that room								Yes 🗌	No 🗌
1.2	- Room space is adequate enough for placing available equipment								Yes 🗌	No 🗌
1.3	- Room is cool and adequately ventilated								Yes 🗌	No 🗌
1.4	- Physical condition of floor, roof and walls is appropriate								Yes 🗌	No 🗌
1.5	- There are no empty boxes, garbage or other un-required items in the room Yes _ No _									No 🗌
2.1	Proper covered electricity fitting in the room for cold chain equipment Yes No No									
2.2	All functional electrical equipment properly connected with ISI mark plug sockets Yes No									No 🗌
2.3	Proper 'Earthing' done for equipment Yes No No									No 🗌
3.1	Dedicated generator set available for cold chain room Yes No									
3.2	Adequate fuel available for running of generator set (at the time of visit) Yes No									
3.3	Generator log boo	ok availab	le and ade	equately m	naintained				Yes 🗌	No 🗌
4.	Separate designat	ed person	available	for maint	enance of	cold chair	n equipme	nt	Yes 🗌	No 🗌
5.	Mention numbers	of availal	ole cold cl	nain equip	ment at th	e facility				
		WIC WIF CFC CFC CFC CFC						Vaccine		
				CFC	Free	CFC	Free	5 L	20 L	Carrier
	Functional Non functional									
	Total									
	20002									
Placer	nent of equipment	:								
	All Available an	d Function	nal electri	ical cold cl	nain equip	ment (ILR	Rs' and DF	s') are -		
6.1	- Correctly placed on wooden or plastic blocks Yes No									
6.2	- Placed at least 20 cm away from walls and surrounding equipment Yes No									
6.3	- Placed away from direct exposure to sunlight, moisture and rain Yes No							No 🗌		
6.4	- Connected through functional Voltage Stabilizers Yes No									
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	erature Log Books		1111		· 1 1	, . 1		/II D 1		
7.1	Temperature Log	books av	anable to	r every tu	nctional el	ectrical eq	ıuıpment (ılk and	Yes 🔝	No 🔲

	DF)		
7.2	Twice daily monitoring of temperature recorded in respective log books	Yes 🗌	No 🗌
7.3	Record of power failures/cuts recorded in log books	Yes 🗌	No 🗌
7.4	Record of Defrosting ILRs' and DFs' mentioned in log books	Yes 🗌	No 🗌
7.5	Log books periodically checked by Facility in-charge (see evidence of signatures)	Yes 🗌	No 🗌
Comm			
Ice Li	ned Refrigerators (ILR) :		
8.1	Functional thermometer placed inside every functional ILR	Yes 🗌	No 🗌
8.2	Cabinet Temperature of all working ILRs' between +2 to +8°C	Yes 🗌	No 🗌
8.3	No frost OR frost less than 6mm on inside walls of every working ILR	Yes 🗌	No 🗌
8.4	Vaccine baskets available inside all functional ILRs in which vaccines are stored	Yes 🗌	No 🗌
8.5	All vaccine vials correctly arranged inside labeled cartons (with expiry date, batch no.)	Yes 🗌	No 🗌
8.6	No T-series or Hepatitis B vaccine vials placed in the bottom of any ILR/basket	Yes 🗌	No 🗌
8.7	No items other than vaccines placed inside any ILR	Yes 🗌	No 🗌
8.8	All stored vaccines in ILR within expiry dates (check a few vials)	Yes 🗌	No 🗌
8.9	All vaccine vials in ILR within usable stage of VVM (check a few vials)	Yes 🗌	No 🗌
8.10	All stored vaccine vials in ILR with appropriate readable labels (check a few vials)	Yes 🗌	No 🗌
8.11	No reconstituted BCG & Measles vials stored inside any ILR	Yes 🗌	No 🗌
8.12	Diluents placed in ILR, at least 24 hours before distribution (observe and/or consult)	Yes 🗌	No 🗌
Deep	Freezers (DF):		
9.1	Functional thermometer placed inside every working DF	Yes	No 🗌
9.2	Cabinet Temperature of all working DFs' between -15 to -18°C	Yes	No 🗌
9.3	No frost OR frost less than 5mm on inside walls of every working DF	Yes	No 🗌
9.4	Correct placement of ice packs placed for freezing inside DF (in crisscross manner)	Yes 🗌	No 🗌
9.5	No RI vaccines stored inside DFs' (including reconstituted vaccines) at PHC level	Yes 🗌	No 🗌
9.6	Only OPV vials stored inside DF at District level cold chain and above	Yes 🗌	No 🗌

Vaccii	ne sto	ock and records:						
10.	Vaccine Stock Register (with mention of indents and distribution) maintained Yes No							No 🗌
11.	Session wise Vaccine Distribution Register maintained and updated (at PHC level) Yes							No 🗌
12.	All sessions conducted in last one calendar month issued at least one vial of each antigen Yes No							
13.	Count and mention available stock of all vaccines and diluents (in vials) in following table							
			Actual count	Stock Record			Actual count	Stock record
	a.	BCG vials			g.	DT vials		
	b.	DPT vials			h.	JE vials		
	c.	tOPV vials			i.	BCG diluent		
	d.	Measles vials			j.	Measles diluent		
	e.	Hepatitis B vials			k.	JE diluent		
	f.	TT vials						
14.	Actual physical count of vaccine stock matches with stock register Yes No							. No 🗌
14	Records for ADS and Reconstitution syringes available and updated Yes No							
15.	Contingency plan for vaccine storage in emergency conditions available at facility Yes No							
Сотте	nts if	any :						

Signature of Supervisor