

# INSPECTION REPORT OF COLD CHAIN EQUIPMENT

District \_\_\_\_\_ Institution \_\_\_\_\_ Machine \_\_\_\_\_  
 Make \_\_\_\_\_ Model \_\_\_\_\_ Machine Serial No. \_\_\_\_\_

Before filling this form please read the instruction on overleaf

( Please  $\checkmark$  for = OK, X = Not OK and  $\textcircled{x}$  = Repaired )

**A. Condition of :**

Building wiring : \_\_\_\_\_  
 Electric wall socket : \_\_\_\_\_  
 Three core cable : \_\_\_\_\_  
 Plug pin : \_\_\_\_\_  
 Voltage stabilizer : \_\_\_\_\_  
 Terminal plug (TP) of voltage Stabilizer : \_\_\_\_\_  
 Wire (terminal plug to voltage stabilizer) : \_\_\_\_\_  
 Earthing : \_\_\_\_\_  
 Connections of terminal plug to earthing wire : \_\_\_\_\_  
 Connections of compressor wiring : \_\_\_\_\_  
 Wire between voltage stabilizer and terminal plug : \_\_\_\_\_

**B. Please State :**

1. Minimum distance between two ice packs : \_\_\_\_\_ cms.  
 2. Minimum distance between two vaccine packs (boxes) : \_\_\_\_\_ cms.  
 3. Maximum thickness (approx) of ice formation (Frost) : \_\_\_\_\_ cms.  
 4. Input voltage of MSEB supply : \_\_\_\_\_ voltage  
 5. Output voltage - voltage stabilizer : \_\_\_\_\_ voltage  
 6. Minimum distance between wall and CCE in cms : \_\_\_\_\_ cms.

**C. Please answer as ' Yes ', ' No. ' and  $\textcircled{No}$  / Yes for made OK.**

Whether—

1. TCW 1151 / SB140 and MK140 connected to same V. S. ? : \_\_\_\_\_  
 2. Quick start mechanism functions properly ? : \_\_\_\_\_  
 3. MCB (circuit braker) functions properly ? : \_\_\_\_\_  
 4. Cold chain equipment properly placed ? : \_\_\_\_\_  
 5. Sufficient ventilation is available ? : \_\_\_\_\_  
 6. Sunlight is falling on cold chain equipment ? : \_\_\_\_\_  
 7. Any heat source nearby cold chain equipment ? : \_\_\_\_\_  
 8. Cold chain equipment is on level ground ? : \_\_\_\_\_  
 9. Compressor bolts are tightened ? : \_\_\_\_\_  
 10. Result of spirit level test is O. K. ? : \_\_\_\_\_  
 11. Elect. connections of compressor are fully tight ? : \_\_\_\_\_  
 12. Condition of internal lining of CCE is O. K. ? : \_\_\_\_\_  
 13. Iceliners are with frozen ice ? : \_\_\_\_\_  
 14. Indicator lights of CCE are glowing ? : \_\_\_\_\_  
 15. Outer panels are warm ? : \_\_\_\_\_  
 16. Top lid properly fitted ? : \_\_\_\_\_  
 17. Cold chain equipment is locked ? : \_\_\_\_\_  
 18. Temperature chart maintained ? : \_\_\_\_\_  
 19. Thermometer is in the basket ? : \_\_\_\_\_  
 20. Vaccines stored as per classification ? : \_\_\_\_\_  
 21. Staff suitably instructed ? : \_\_\_\_\_  
 22. Each vaccine box properly stored ? : \_\_\_\_\_

**D. Remarks :**

Signature  
Name of Technician

Signature  
Name of A. N. M.

Signature  
Name of MO-in-charge