

## 2 –REFRIGERATOR/FREEZER/ILR QUESTIONNAIRE

EQUIPMENT RECORD \_\_\_\_\_ OF \_\_\_\_\_ (Fill in a separate form for each piece of equipment at health facility and number all forms)

## Administrative levels and EPI facility identification

1. Province: (name of Province)

4. Union Council: (name of Union Council)

2. District: (name of District)

5. Name of (health/EPI) facility:

3. Tehsil: (name of Tehsil)

6. Equipment code:

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## Refrigerator or freezer information

7. Catalogue ID:

E \_\_\_\_\_

Fill in questions #15-19 when equipment ID is not found in the Equipment Identification Booklet.

15. Model name:

16. Manufacturer / Make:

8. Serial number: (located on equipment or assigned serial number)

9. Year of first use: (estimate if information is not available)

17. Is there a CFC-free sticker on the equipment?

☐ Yes ☐ No

10. Working status:

Mark only ONE box

- ☐ Working well
- ☐ Working but needs maintenance
- ☐ Not working

Comments:

11. Reason equipment not working:

Check ALL boxes that apply, leave blank if equipment is working

- ☐ Spare parts are not available for repair/maintenance
- ☐ Finance is not available for repair/maintenance
- ☐ Not in use because electricity or fuel is not available
- ☐ Equipment needs to be boarded off

12. Equipment utilisation:

Mark only ONE box

- ☐ In use
- ☐ Not in use and available for re-allocation
- ☐ Not in use and not available for re-allocation

Verify directly with health facility representative this equipment is available for re-allocation

13. How is temperature monitored?

Check ALL boxes that apply

- ☐ No monitoring device ☐ Stem thermometer
- ☐ FridgeTag™ ☐ Dial thermometer

14. No. of temperature alarms in past 30 days:

Enter number of days on the temperature monitoring form when temperature is above +8°C or below +2°C:

Above +8°C: \_\_\_\_\_ days

Below +2°C: \_\_\_\_\_ days

18. Refrigerator/Freezer Type: Mark only ONE box

- ☐ Chest freezer, AC electricity
- ☐ Chest freezer, electricity & gas
- ☐ Chest freezer, electricity & kerosene
- ☐ Chest refrigerator, AC electricity
- ☐ Chest refrigerator, DC electricity
- ☐ Chest refrigerator, electricity & gas
- ☐ Chest refrigerator, electricity & kerosene
- ☐ Icepack freezer, AC electricity
- ☐ Icepack freezer, electricity & gas
- ☐ Icepack freezer, electricity & kerosene
- ☐ Icelined refrigerator
- ☐ Solar photovoltaic refrigerator
- ☐ Upright refrigerator, AC electricity
- ☐ Upright refrigerator, DC electricity
- ☐ Upright refrigerator, electricity & gas
- ☐ Upright refrigerator, electricity & kerosene

19. Internal storage dimensions: (Measure with provided tape in cm.)

+4°C			-20°C		
L(cm)	W(cm)	H(cm)	L(cm)	W(cm)	H(cm)

20. Calculated internal storage volume: (litres)

LEAVE BLANK - FOR USE BY NATIONAL TEAM ONLY

+4°C		-20°C	
Gross	Net	Gross	Net

## Person responsible for cold chain at the facility

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Email: \_\_\_\_\_

## Cold Chain Inventory team leader's information

Name: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

## Data Collector's information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Date: \_\_\_\_\_