4 - COLD ROOM QUESTIONNAIRE

EQUIPMENT RECORD _____ **OF** _____ (Fill in a separate form for each separate cold room and number all forms)

Administrative levels and EPI facility identification

1. Province: (name of Province)

2. District: (name of District)

3. Tehsil: (name of Tehsil)

4. Union Council: (name of Union Council):

5. Name of (health/EPI) facility:

6. Equipment Code:

☐ — ☐ ☐ ☐ — _____

Cold room information

7a. Type:
☐ +4°C cold room   ☐ -20°C freezer room

7b. Model:

8. Manufacturer:

9. Year of supply:

10. Working status:
Mark only ONE box
☐ Working well
☐ Working but needs maintenance
☐ Not working

11. Number of phases:
Mark only ONE box   ☐ One   ☐ Three

12. Has voltage stabiliser?
☐ Yes
☐ No

13. Temperature recording system:
Mark only ONE box
☐ Not provided
☐ Provided, operating
☐ Provided, not operating
☐ Unknown

14. Type of recording system:
Mark ALL boxes that apply
☐ Thermometer(s) only
☐ Chart recorder (clockwork)
☐ Chart recorder (electric)
☐ Electronic data logger
☐ Computer based recorder
☐ FridgeTag™
☐ Not available

15. Internal storage dimensions: *(Measure in metres)*

+4°C			-20°C		
L	W	H	L	W	H

16. Internal gross storage volume: (m^3)

+4°C	-20°C

17. Net storage volume for vaccine or ice packs (m^3)

+4°C	-20°C

18. Number of cooling systems:

19. Refrigerant gas type:
Mark only ONE box
☐ Helium (non-CFC)
☐ NH_3 absorption (non-CFC)
☐ R12 compression refrigerant gas
☐ R134a compression refrigerant gas (non-CFC)
☐ R22 compression refrigerant gas
☐ R404a compression refrigerant gas (non-CFC)
☐ R600 (non-CFC)
☐ Unknown gas type

20. Has working backup generator?
☐ Yes – automatic start up
☐ Yes – manual start up
☐ No

Cold Chain Inventory team leader's information

Name: _____

Email: _____

Mobile number: _____

Designation: _____

Signature:

Date (dd/mm/yyyy): _____

Data collector's information:

Name: _____

Email: _____

Signature: _____

Designation : _____

Mobile No: _____

Date: _____