

6 – GENERATORS

EQUIPMENT RECORD _____ OF _____ (Fill in a separate form for each piece of equipment and number all forms)

Administrative levels and EPI facility information

1. Province: (name of Province)

4. Union Council: (name of Union Council)

2. District: (name of District)

5. Name of (health) facility:

3. Tehsil: (name of Tehsil)

6. Equipment code:

 — —

Generator information

7. Model name:

Mandatory data

14. Used for:

Mark ALL boxes that apply

- ☐ Refrigerators or freezers
- ☐ Cold rooms
- ☐ Lighting
- ☐ Other

8. Manufacturer:

Mandatory data

9. Serial number:

Mandatory data

15. Year of supply:

10. Number of phases:

Mark only ONE box

- ☐ One
- ☐ Three

16. Source of supply:

Mark only ONE box

- ☐ MOH
- ☐ Facility's budget
- ☐ Donation
- ☐ NGO
- ☐ Unknown

11. Power rating: (kW)

12. Power source:

Mark only ONE box

- ☐ Diesel
- ☐ Petrol

17. Working status:

Mark only ONE box

- ☐ Working well & fuel available
- ☐ Working well but fuel not available
- ☐ Working but needs maintenance
- ☐ Not working

13. Automatic start mechanism?

Mark only ONE box

- ☐ Yes
- ☐ No

18. Equipment utilization:

If not in use, clarify with cold chain representative if available for allocation.

Mark only ONE box

- ☐ In use
- ☐ In storage
- ☐ Not used & available for allocation
- ☐ Not used & not available for allocation

Person responsible for cold chain at the facility

Name: _____

Designation: _____

Mobile number: _____

Email: _____

Cold Chain Inventory team leader's information

Name: _____

Designation: _____

Mobile number: _____

Email: _____

Data Collector's information:

Name: _____

Email: _____

Signature: _____

Designation : _____

Mobile No: _____

Date: _____