

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.Quantities of vaccine cold boxes and carriers:

Fill in a separate line for each model of cold box and vaccine carrier found at health facility, using the Catalogue ID referenced for each model in the Equipment Identification Booklet and always starts with the letter E.

[illegible]

NOTE: Please use back side of form if there are more types of vaccine boxes or carriers.

Ice pack information												
7. Quantity of standard ice packs in good condition:	Ice pack size in Litters											
	Quantity											
Person responsible for cold chainat the facility						Cold Chain Inventory team leader's information						
Name: _____						Name: _____						
Designation: _____						Mobile number: _____						
Mobile number: _____						Signature: _____						
Email: _____						Date (dd/mm/yyyy): _____						
Data collector's information:												
Name: _____						Designation : _____						
Email: _____						Mobile No: _____						
Signature: _____						Date: _____						