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| Revised CCEM Pakistan Version 2.1 (SSH/SFY UNICEF)  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*** | ***Cold Chain Inventory team leader’s information*** |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name:  Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: |

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| ***Data Collector’s information:*** Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |