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| Revised CCEM Pakistan Version 2.1 (SSH/SFY UNICEF)  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:** |
| ***Refrigerator or freezer information*** | | | |
| **7.** **Catalogue ID:**  E \_\_\_\_\_\_\_\_\_\_\_\_  Catalogue ID is found in the Equipment Identification Booklet and starts with the letter E for PQS prequalified equipment. If equipment is not identified, in the Equipment Identification Booklet, also fill in questions #15-19. | | | **Fill in questions #15-19 when equipment ID is not found in the Equipment Identification Booklet.** |
| **15.** **Model name:** |
| **8.** **Serial number:** *(located on equipment or assigned serial number)* | | | **16.** **Manufacturer / Make:** |
| **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:*** | | **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 |
| **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  FridgeTagTM  Dial thermometer | | | **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)** | |
| **14.** **No. of temperature alarms in past 30 days:**  *Enter number of days on the temperature monitoring form when temperature is above +8C or below +2C:*  Above +8C: \_\_\_\_\_days  Below +2C: \_\_\_\_\_ days | | | **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*** | | | ***Cold Chain Inventory team leader’s information*** |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: | | | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile number:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_Date (dd/mm/yyyy): |
| ***Data Collector’s information:*** Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

21/12/2011