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| Revised CCEM Pakistan Version 2.1 (SSH/SFY UNICEF)  3 - VACCINE CARRIERS, COLD BOXES & ICE PACKS | |
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| ***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) facility:** |
| **3.** **Tehsil:** (name of Tehsil) |  |
| ***Vaccine cold box and carrier information*** | |
| **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.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Catalogue ID:** | **Cold Box / Vaccine Carrie** | **Total available for vaccination activities** | **Quantity not working** | **Internal Dimensions**  **Leave blank if found in Catalogue and ID written in Column 1** | | | **Equipment Code**  **Code is needed on all Cold Boxes and Standard Vaccine Carriers**  **NOT for Rotary Vaccine Carriers** | | | | | | | | **Length (cm)** | **Width (cm)** | **Height (cm)** | |  |  |  |  |  |  |  |  | **\_** |  |  |  | **\_** |  | |  |  |  |  |  |  |  |  | **\_** |  |  |  | **\_** |  | |  |  |  |  |  |  |  |  | **\_** |  |  |  | **\_** |  | |  |  |  |  |  |  |  |  | **\_** |  |  |  | **\_** |  | |  |  |  |  |  |  |  |  | **\_** |  |  |  | **\_** |  | |  |  |  |  |  |  |  |  | **\_** |  |  |  | **\_** |  | |  |  |  |  |  |  |  |  | **\_** |  |  |  | **\_** |  | |  |  |  |  |  |  |  |  | **\_** |  |  |  | **\_** |  | |  |  |  |  |  |  |  |  | **\_** |  |  |  | **\_** |  | |  |  |  |  |  |  |  |  | **\_** |  |  |  | **\_** |  | |  |  |  |  |  |  |  |  | **\_** |  |  |  | **\_** |  | |  |  |  |  |  |  |  |  | **\_** |  |  |  | **\_** |  | |  |  |  |  |  |  |  |  | **\_** |  |  |  | **\_** |  | |  |  |  |  |  |  |  |  | **\_** |  |  |  | **\_** |  |   **NOTE:** Please use back side of form if there are more types of vaccine boxes or carriers. | |

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| ***Ice pack information*** | | |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Ice pack size in Litters** |  |  |  |  |  |  |  |  |  |  |  | | **Quantity** |  |  |  |  |  |  |  |  |  |  |  |   **7**. **Quantity of standard**  **ice packs in good**  **condition:** | | |
| ***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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21/12/2011