

Health Facility:		Month and Year:	
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To be completed **daily** by the **PN responsible for IMCI**. Immediately reorder from pharmacy if items not available

Date of visit:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	29	29	30	31
A. Vaccine conditions adequate																															
1 Adequate number of ice packs																															
2 Cool boxes in consulting rooms																															
3 Functioning refrigerator & cool box thermometers																															
4 Correct vaccine conditions (2- 8°C)																															
5 Vaccines properly stored																															
6 Vaccine Vial Monitor																															
7 Cold Chain monitoring																															
8 Temperature chart on fridge checked daily																															
9 Vaccine vial monitoring correctly monitored																															
10 Fridge thermometers at correct temperature																															
11 Vaccines packed correctly in fridge																															
12 Vaccine stock charts checked																															

