

DAILY CHECKLIST: VACCINE

Health Facility:													Month and Year:																		
To be completed daily by the P	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																															
Adequate number of ice packs																															
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																															
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																															

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
B. All (7) vaccines available and viable																															
1 BCG																															
2 DaPT-IPV-HB-Hib																															
3 Measles																															
4 OPV																															
5 PCV																															
6 RV																															
7 Td																															
Sign																															
Action taken for unavailable items:																															