

Health Facility:													Year:			
To be completed monthly by the Professional Nurse responsible for IMCI. Please indicate which of the following items are available/compliant N (No) = not available or not functional; Y (Yes) = available and functional Y = 1, N = 0																
Date:	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March				
A. Vaccine conditions adequate																
1 Adequate number of ice packs																
2 Cool boxes in consulting rooms																
3 Functioning refrigerator and cool box thermometers																
4 Correct vaccine conditions maintained (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																
B. Guidelines available																
13 Vaccinators Manual																
14 Cold Chain Manual																
15 Surveillance Manuel																
16 BCG																
17 DaPT-IPV-HB-Hib																
18 Measles																

