



Temperature Record Booklet for Ice Lined Refrigerator (ILR) / Deep Freezer (DF)



सत्यमेव जयते

District: _____ Year: _____

Name of PHC/ CHC/ PPC/ Urban RCH Centre/ District Vaccine Store: _____

- Equipment Name : _____
 - Model/ Make: _____
 - Capacity: _____
 - Sr. No. of Equipment: _____
 - Date of Installation: _____
 - Entry in Stock Book Page No. _____
-

Tasks Checklist (Preventive maintenance – by User)

Exterior	Internal
<ol style="list-style-type: none"> 1. Exterior is clean and dry. 2. Equipment is leveled and firmly placed on the floor 3. Placed at least 10 cm away from walls. 4. Away from direct sunlight 5. Room is well ventilated 6. Equipment opened only when necessary 7. Lid is closing correctly without any gap. 8. Lid seal is clean 	<ol style="list-style-type: none"> 1. There is no frost in ILR 2. Thickness of frost formation in ILR or DF is less than 5 mm. 3. Baskets are used and all vaccines are neatly placed with space for air circulation. 4. Freeze sensitive vaccines are not touching the wall/bottom of ILR. 5. A good working thermometer is placed with the vaccine. 6. Temperature is recorded twice a day.
Semi-technical- by user	
<ol style="list-style-type: none"> 1. All indicators are working correctly 2. Voltage stabilizer is working properly & equipment are connected through it. 3. Plug of the voltage stabilizer is correctly fitted. 4. Connection of equipment to voltage stabilizer is in order. 5. There is no abnormal noise. 	

Comprehensive Log book for ILR													Month & Year: _____ / _____																			
Temperature/Date	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	28	29	30	31	
	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E
-2 and below
-1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
0	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(+) 1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(+) 2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(+) 3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(+) 4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(+) 5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(+) 6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(+) 7	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(+) 8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(+) 9	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(+) 10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(+) 11	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(+) 12	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(+) 13	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(+) 14	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(+) 15 and above	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Power failure (in Hrs)																																
Defrosting & Cleaning Done (√)																																
Defect Reported to CCT (√)																																
CCT reported for repair (√)																																
Type of defect noticed (1 or 2)*																																
Equipment repaired (√)																																
Signature of VCCH																																
PPM Visit by CCT (Signature)																																
Supervisory visit (Signature)																																

MOI/C or DIO should review the temp. log book and assess the following parameters once monthly and do stock verification of atleast one vaccine, diluent and syringes									
Parameters	Y	N		Y	N		Y	N	
Is the CCE levelled			Is the CCE Locked			Vaccine are stacked neatly			
Is the CCE away from sunlight			Is the CCE connected with independent functional stabilizer			Vaccine are placed in basket			
Is the CCE placed on wooden platform			Is the CCE plugged permanently to the socket			Vaccine are arranged in FIFO order			
Is the CCE atleast 10 cm away from wall			Is the CCE has a functional thermometer available			Any unusable vaccine (Expired / VVM with Discard point) found?			
Is there atleast 10 cm gap between CCE			Frost less than 5 mm						
Reviewed & Verified by Facility Incharge (Signature/date)			Inspected during PPM Visit by CCT (Signature/Date)			Supervisory visit (Signature/Date)			

(* 1 = Major, 2 = Minor)

Comprehensive Log Book Deep Freezer													Month & Year: _____ / _____																			
Temperature/Date	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	28	29	30	31	
	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E
(-) 10 and above	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(-) 11	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(-) 12	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(-) 13	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(-) 14	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(-) 15	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(-) 16	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(-) 17	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(-) 18	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(-) 19	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(-) 20	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(-) 21	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(-) 22	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(-) 23	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(-) 25	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
(-) 26 and above	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Power failure (in Hrs)																																
Defrosting & Cleaning Done (√)																																
Defect Reported to CCT (√)																																
CCT reported for repair (√)																																
Type of defect noticed (1 or 2)*																																
Equipment repaired (√)																																
Signature of VCCH																																
PPM Visit by CCT (Signature)																																
Supervisory visit (Signature)																																

MOI/C or DIO should review the temp. log book and assess the following parameters once monthly and do stock verification of atleast one vaccine, diluent and syringes									
Parameters	Y	N		Y	N		Y	N	
Is the CCE levelled			Is the CCE connected with independent functional stabilizer			Vaccine are stacked neatly			
Is the CCE away from sunlight			Is the CCE plugged permanently to the socket			Vaccine are placed in basket			
Is the CCE placed on wooden platform			Is the CCE has a functional thermometer available			Vaccine are arranged in FIFO order			
Is the CCE atleast 10 cm away from wall			Frost less than 5 mm			Any vaccine found in frozen states?			
Is there atleast 10 cm gap between CCE			Updated contingency plan displayed			Any unusable vaccine (Expired / VVM with Discard point) found?			
Is the CCE Locked			Are the cold boxes kept without any weight above them			Physical counting of Vaccine matches with stock register			
Reviewed & Verified by Facility Incharge (Signature/date)			Inspected during PPM Visit by CCT (Signature/Date)			Supervisory visit (Signature/Date)			

(* 1 = Major, 2 = Minor)

Preventive Maintenance checklist for ILR and DF (Daily)

Daily Preventive Maintenance checklist for ILR and DF/Date																						
1	Exterior of CCE is clean																					
2	CCE are placed firmly on the floor																					
3	CCE are properly leveled																					
4	Sides are atleast 10cm away from any wall or object																					
5	CCE are away from direct sunlight																					
6	The room is well ventilated																					
7	Lid is kept locked																					
8	Keys kept at easily available place																					
9	Lid seals properly without gap																					
10	Lid seal is clean																					
11	Ice packs are in proper position (for DF only)																					
12	Ice packs filled to proper level (no leak)																					
13	Thickness of frost formation is not more than 5 mm																					
14	Vaccines preserved in neat rows																					
15	There is space between rows of vaccine for air circulation																					
16	Freeze sensitive vaccines are kept in upper part basket and not touching any cooling surface (for ILRs only)																					
17	Separate thermometer kept among the vaccine																					
33	Temperature recorded is minimum twice a day																					
18	Reading of thermometer is within desire temp. range.																					
22	Voltage stabilizer connected																					
23	Input voltage reading .....volts																					
24	Output voltage reading.....volts																					
25	Plug of voltage stabilizer fits properly and not loose on the power socket																					
26	Connections to voltage stabilizer proper and not loose																					
27	Electrical connections are proper (visual checks)																					
28	No abnormal voice																					
Signature of Vaccine & Cold Chain Handler																						
Signature of MOI/C																						
<i>*(If not, adjust thermostat to obtain steady temperature within specified limits, (Only if user is fully aware of setting procedure & confident about), or otherwise contact cold chain Technician.)</i>																						

Preventive Maintenance checklist for ILR and DF (Weekly)

Weekly Preventive Maintenance checklist for ILR and DF		1st week	2nd week	3rd week	4th week
1	Open the unit and wipe the area over the rubber gasket on the cover of the unit and the area where it meets the main body when the cover is closed – with a clean wet cloth. (If done put tick ✓)				
2	Check door seal, door fitting, position of the equipment on the floor, and clean the gasket and adjust position if required (If done put tick ✓)				
3	Check lock and key operation (If done put tick ✓)				
4	Visual inspection of Electrical wiring appearance (If done put tick ✓)				
5	Condition of the cord & plug (If done put tick ✓)				
6	Stabilizer is working properly & giving proper output voltage (If done put tick ✓)				
7	Power supply is available up to CCE (If done put tick ✓)				
8	Check the units for level of frost around the inner side of the walls and especially on the top where the cover meets the body of equipment. (If done put tick ✓)				
Signature of Vaccine & Cold Chain Handler					
Signature of MOI/C					
<i>(If the frost is more than 5 mm thick on the walls or 1mm thick on the top area than the unit needs to be defrosted. See process for defrosting below)</i>					