

## MDH Immunization Practices Improvement – Multiple Vaccine Storage Unit Checklist

MnVFC PIN: _____ Clinic Name: _____		<input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer # _____ Location _____	<input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer # _____ Location _____	<input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer # _____ Location _____	<input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer # _____ Location _____	<input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer # _____ Location _____
1	Is a working thermometer placed in the center of each unit?	<input type="checkbox"/> Yes <input type="checkbox"/> Not placed properly <input type="checkbox"/> No thermometer	<input type="checkbox"/> Yes <input type="checkbox"/> Not placed properly <input type="checkbox"/> No thermometer	<input type="checkbox"/> Yes <input type="checkbox"/> Not placed properly <input type="checkbox"/> No thermometer	<input type="checkbox"/> Yes <input type="checkbox"/> Not placed properly <input type="checkbox"/> No thermometer	<input type="checkbox"/> Yes <input type="checkbox"/> Not placed properly <input type="checkbox"/> No thermometer
2	Is there a current certificate of calibration for the thermometer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	What type of thermometer is used?	<input type="checkbox"/> MDH supplied <input type="checkbox"/> Fluid filled <input type="checkbox"/> Recording <input type="checkbox"/> Min/max <input type="checkbox"/> Dial <input type="checkbox"/> Digital <input type="checkbox"/> Other: _____	<input type="checkbox"/> MDH supplied <input type="checkbox"/> Fluid filled <input type="checkbox"/> Recording <input type="checkbox"/> Min/max <input type="checkbox"/> Dial <input type="checkbox"/> Digital <input type="checkbox"/> Other: _____	<input type="checkbox"/> MDH supplied <input type="checkbox"/> Fluid filled <input type="checkbox"/> Recording <input type="checkbox"/> Min/max <input type="checkbox"/> Dial <input type="checkbox"/> Digital <input type="checkbox"/> Other: _____	<input type="checkbox"/> MDH supplied <input type="checkbox"/> Fluid filled <input type="checkbox"/> Recording <input type="checkbox"/> Min/max <input type="checkbox"/> Dial <input type="checkbox"/> Digital <input type="checkbox"/> Other: _____	<input type="checkbox"/> MDH supplied <input type="checkbox"/> Fluid filled <input type="checkbox"/> Recording <input type="checkbox"/> Min/max <input type="checkbox"/> Dial <input type="checkbox"/> Digital <input type="checkbox"/> Other: _____
4	Unit Types: A. Stand-alone refrigerator (no freezer in unit) B. Stand-alone freezer C. Dormitory style refrigerator/freezer D. Combined fridge/freezer; separate doors E. Combined fridge/freezer; single door	Type: _____	Type: _____	Type: _____	Type: _____	Type: _____
5	How often are temperatures recorded?	<input type="checkbox"/> Daily <input type="checkbox"/> Occasionally <input type="checkbox"/> Twice a day <input type="checkbox"/> > Twice daily <input type="checkbox"/> Never	<input type="checkbox"/> Daily <input type="checkbox"/> Occasionally <input type="checkbox"/> Twice a day <input type="checkbox"/> > Twice daily <input type="checkbox"/> Never	<input type="checkbox"/> Daily <input type="checkbox"/> Occasionally <input type="checkbox"/> Twice a day <input type="checkbox"/> > Twice daily <input type="checkbox"/> Never	<input type="checkbox"/> Daily <input type="checkbox"/> Occasionally <input type="checkbox"/> Twice a day <input type="checkbox"/> > Twice daily <input type="checkbox"/> Never	<input type="checkbox"/> Daily <input type="checkbox"/> Occasionally <input type="checkbox"/> Twice a day <input type="checkbox"/> > Twice daily <input type="checkbox"/> Never
6	A. Record the current temperature on the provider's thermometer ( <b>choose F or C</b> ) B. Record the current temperature on the reviewer's thermometer ( <b>choose F or C</b> )	°F   °C °F   °C	°F   °C °F   °C	°F   °C °F   °C	°F   °C °F   °C	°F   °C °F   °C
7	Is the refrigerator within 35-46°F (2-8°C) Is the freezer ≤ 5°F (-15°C)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Is food stored with vaccines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Is there any vaccine in drawers or doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Is vaccine stored in the center of the unit so air circulates around the vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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11	Is there a "DO NOT UNPLUG/WARNING" sign on the refrigerator/freezer outlets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Is there a "DO NOT UNPLUG/WARNING" sign on the refrigerator/freezer circuit breakers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
13	Are short-dated vaccines stored in front?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Did you find any outdated vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Are temperature logs available for the past 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
16	Including today's reading, record the highest and lowest temperatures logged in the past three months ( <b>choose F or C</b> )	H      °F °C	H      °F °C	H      °F °C	H      °F °C	H      °F °C
		L      °F °C	L      °F °C	L      °F °C	L      °F °C	L      °F °C
17	During the past 3 months, how many times were the refrigerator and/or freezer outside the recommended range?	Above: Below:	Above: Below:	Above: Below:	Above: Below:	Above: Below:
18 ★	If the temperatures were outside the recommended range, what action did the clinic take? (Check all that apply)	<input type="checkbox"/> Adjusted thermostat <input type="checkbox"/> Checked temp with a different thermometer <input type="checkbox"/> Moved vaccine <input type="checkbox"/> Called the manufacturer to determine viability <input type="checkbox"/> Called MnVFC <input type="checkbox"/> Did nothing <input type="checkbox"/> Not applicable; no temps outside of range	<input type="checkbox"/> Adjusted thermostat <input type="checkbox"/> Checked temp with a different thermometer <input type="checkbox"/> Moved vaccine <input type="checkbox"/> Called the manufacturer to determine viability <input type="checkbox"/> Called MnVFC <input type="checkbox"/> Did nothing <input type="checkbox"/> Not applicable; no temps outside of range	<input type="checkbox"/> Adjusted thermostat <input type="checkbox"/> Checked temp with a different thermometer <input type="checkbox"/> Moved vaccine <input type="checkbox"/> Called the manufacturer to determine viability <input type="checkbox"/> Called MnVFC <input type="checkbox"/> Did nothing <input type="checkbox"/> Not applicable; no temps outside of range	<input type="checkbox"/> Adjusted thermostat <input type="checkbox"/> Checked temp with a different thermometer <input type="checkbox"/> Moved vaccine <input type="checkbox"/> Called the manufacturer to determine viability <input type="checkbox"/> Called MnVFC <input type="checkbox"/> Did nothing <input type="checkbox"/> Not applicable; no temps outside of range	<input type="checkbox"/> Adjusted thermostat <input type="checkbox"/> Checked temp with a different thermometer <input type="checkbox"/> Moved vaccine <input type="checkbox"/> Called the manufacturer to determine viability <input type="checkbox"/> Called MnVFC <input type="checkbox"/> Did nothing <input type="checkbox"/> Not applicable; no temps outside of range
19 !	Does the clinic have written documentation of the action taken when temperatures were outside of the recommended range?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable; no temps outside of range <input type="checkbox"/> No log available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable; no temps outside of range <input type="checkbox"/> No log available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable; no temps outside of range <input type="checkbox"/> No log available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable; no temps outside of range <input type="checkbox"/> No log available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable; no temps outside of range <input type="checkbox"/> No log available