

Appendix 20. Cold chain evaluation/ inventory (2025)

Download '[Cold chain evaluation/inventory](#)' (Word document)

Country: _____ Province/region: _____

District : _____ Health care facility: _____

Person in charge: _____ Date : _____

	Yes	No
1 - Is there a person in charge of the cold chain? If yes, person's name and contact information:		
2 - Is the room well-ventilated?		
3 - Is the equipment protected from the sun?		
4 - If electricity is available, is it reliable? Specify the number of hours of electricity per day:		
5 - Is the distance between the wall and the refrigerator/ freezer greater than or equal to 25 cm?		

6 - Refrigerators:

Brand, model	Number	Energy source ^a	Net storage volume (in litres)	Net available volume (in litres)	Monitoring equipment present Y/N ^b

a Specify the energy source, the electrical power and the availability (number of hours/day).

b One thermometer, one Stop!Watch® card with a Freeze-tag® and one temperature monitoring sheet per refrigerator.

7 - Freezers

Brand, model	Number	Energy source ^c	Storage volume		Ice production per 24 hours		Monitoring equipment present Y/N ^d
			In litres	In nb of 0.6-litre ice pack	In kg/24h	In nb of 0.6-litre ice pack	

c Specify the energy source, the electrical power and the availability (number of hours/day).

d One thermometer and one temperature monitoring sheet per freezer.

8 - Transport equipment

Vaccine carrier, brand and model	Total number	Number available	Vaccine storage volume (in litres)
Cold box, brand and model	Total number	Number available	
Ice packs	Total number	Number available	
0.6 litre			
0.4 litre			
Other (specify volume)			

9 - Monitoring equipment

Equipment	Brand and model	Total number available/functional
Temperature logger		
Moeller® alcohol thermometer		
Thermometer with liquid-crystal display (LCD)		
Refrigerator monitoring card (Stop!Watch® with Freeze-tag®)		
Freeze indicator (Freeze-tag®)		
Remote temperature monitor (LogTag WiFi®, Mobeye®, Blulog®)		