



STRATEGIC NATIONAL STOCKPILE PROGRAM CHEMPACK Monthly Quality Assurance Assessment

Site Name _____ Evaluator Name _____ Date _____ Time _____

The CDC/SNS Program will use this survey to evaluate CHEMPACK storage sites for ongoing maintenance of medical material. The State's designated site representative will conduct monthly assessments at each CHEMPACK storage area. The all sections within this document covers those areas the SNS Program deems essential for maintaining a high level of quality standards stated within the reference documents.

Note: any 'No' responses recorded below must be explained, attach additional sheets as required.

QUALITY ASSURANCE/ QUALITY CONTROL ASSESSMENT

REQUIREMENT		COMMENTS
Temperature maintained continuously between 59° to 86 ° F with monitoring or verification being conducted on a routine basis?	<input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> NO	
Are sanitary conditions being maintained to prevent the product from being adulterated or compromised? (i.e. Entry points protected from vermin and humidity controlled to prevent visible mold growth)	<input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> NO	
Power/electrical outlet(s) maintained operational with adequate capabilities.	<input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> NO	
Analog phone line(s) maintained, and operational?	<input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> NO	
Storage area being maintained clear and accessible to allow for ease of inventorying, stock replenishment, and rapid mobilization?	<input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> NO	
Is security access limited to designated staff?	<input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> NO	
Are other products being stored in cache room or other processes taking place at the facility that could contaminate the medical material?	<input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> NO	
Does the facility have adequate lighting, ventilation and protection from water damage?	<input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> NO	
Are eating, drinking and smoking prohibited in the immediate product storage area?	<input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> NO	
Are security systems in place, operational and tested on a routine basis?	<input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> NO	
Are fire suppression systems and alarms maintained and operational?	<input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> NO	
The CHEMPACK containers remain sealed (the SNS Program seal intact) with no indication of tampering.	<input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> NO	
Are all the forms, Cube I.Q., and Loan Agreements in the document pouch attached to the Chempack containers?	<input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> NO	
Have the containers been moved or forward deployed?	<input type="checkbox"/> YES <input type="checkbox"/> <input type="checkbox"/> NO	