



VACCINE STORAGE CERTIFICATION
 NORTH DAKOTA DEPARTMENT OF HEALTH
 SFN 58498 (01-2014)

Provider I.D. Number:

Facility/Clinic Name:

Contact:

Telephone Number:

What type of storage units are used to store refrigerated vaccines? (Place number of units to the left of storage unit type)
 Brand of Refrigerator: _____

____ Stand-alone refrigerator

____ Dorm-style refrigerator/freezer

Circle one: (Temporary) or (Permanent)

____ Combined refrigerator/freezer with single door

____ Combined refrigerator/freezer with separate external refrigerator and freezer doors (i.e. household-style appliance)

What type of thermometer is used in the refrigerator(s)? (Check all that apply)

Standard fluid-filled

Minimum/maximum

Digital

Continuous recording

Dial

Glycol Probe

Other (please specify):

What type of storage units are used to store frozen vaccines? (Place number of units to the left of storage unit type)
 Brand of Freezer: _____

____ Stand-alone freezer

____ Dorm-style refrigerator/freezer

Circle one: (Temporary) or (Permanent)

____ Combined refrigerator/freezer with single door

____ Combined refrigerator/freezer with separate external refrigerator and freezer doors (i.e. household-style appliance)

____ N/A – facility does not administer vaccines requiring freezer storage

What type of thermometer is used in the freezer(s)? (Check all that apply)

Standard fluid-filled

Minimum/maximum

Digital

Continuous recording

Dial

Glycol Probe

Other (please specify):

Are the thermometers used certified and calibrated in accordance with National Institute of Standards and Technology (NIST) for Testing and Materials (ASTM)?

Note: Must have certificates of calibration for all thermometers in vaccine storage units containing state-supplied vaccine.

YES

NO

Please list expiration dates found on all NIST certificates of calibration:

#1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___ #5 ___/___/___ #6 ___/___/___

Is there a back-up certified and calibrated thermometer?

YES

NO

Signature of Person Completing Form:

Date: