VACCINE STORAGE CERTIFICATION

NORTH DAKOTA DEPARTMENT OF HEALTH

SFN 58498 (12-2011)

Provider I.D. Number:

Facility/Clinic Name:	
Contact:	Telephone Number:

THE FOLLOWING SECTION MUST BE COMPLETED TO RECEIVE VACCINE

What type of storage units are used to store refrigerated vaccines? (Check all that apply)

- ☐ Stand alone refrigerator
- ☐ Dorm-style refrigerator/freezer
- ☐ 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
- ☐ Other (please specify):

What type of storage units are used to store frozen vaccines? (Check all that apply)

- ☐ Stand alone freezer
- ☐ Dorm-style refrigerator/freezer
- ☐ 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
- ☐ Other (please specify):

Are the thermometers used certified and calibrated in accordance with National Institute of Standards and Technology (NIST) or the American Society for Testing and Materials (ASTM)? **Note: Must have certificates of calibration for all thermometers in vaccine storage units containing state-supplied vaccine.** YES NO

Signature of Person Completing Form:	Date:

For State Use Only:	
Immunization Program Representative:	Date Certified for Prevention Partnership: