



VACCINE STORAGE CERTIFICATION
 NORTH DAKOTA DEPARTMENT OF HEALTH
 SFN 58498 (12-2012)

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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)

<input type="checkbox"/> Stand-alone refrigerator <input type="checkbox"/> Dorm-style refrigerator/freezer Circle one: (Temporary) or (Permanent) <input type="checkbox"/> Combined refrigerator/freezer with single door	<input type="checkbox"/> Combined refrigerator/freezer with separate external refrigerator and freezer doors (i.e. household-style appliance)
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What type of thermometer is used in the refrigerator(s)? (Check all that apply)

<input type="checkbox"/> Standard fluid-filled	<input type="checkbox"/> Minimum/maximum	<input type="checkbox"/> Digital
<input type="checkbox"/> Continuous recording	<input type="checkbox"/> Dial	<input type="checkbox"/> Glycol Probe
<input type="checkbox"/> Other (please specify):		

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

<input type="checkbox"/> Stand-alone freezer <input type="checkbox"/> Dorm-style refrigerator/freezer Circle one: (Temporary) or (Permanent) <input type="checkbox"/> Combined refrigerator/freezer with single door	<input type="checkbox"/> Combined refrigerator/freezer with separate external refrigerator and freezer doors (i.e. household-style appliance) <input type="checkbox"/> N/A – facility does not administer vaccines requiring freezer storage
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What type of thermometer is used in the freezer(s)? (Check all that apply)

<input type="checkbox"/> Standard fluid-filled	<input type="checkbox"/> Minimum/maximum	<input type="checkbox"/> Digital
<input type="checkbox"/> Continuous recording	<input type="checkbox"/> Dial	<input type="checkbox"/> Glycol Probe
<input type="checkbox"/> 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

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

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

Signature of Person Completing Form:	Date:
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For State Use Only:	
Immunization Program Representative:	Date Certified for Prevention Partnership: