|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Criteria | Audit Result | | | Comments/ action to be taken | Target date | Completed |
| Equipment and Facilities | Yes | No | n/a |  |  |  |
| Fridge is a pharmaceutical fridge (domestic fridges are not suitable for storage of vaccines or insulin) |  |  |  |  |  |  |
| The fridge is situated away from direct heat source. |  |  |  |  |  |  |
| Fridge plug is wired into switchless socket or is protected e.g. encased to prevent tampering; security marked “Do Not Switch Off” or is hardwired (‘spurred’). |  |  |  |  |  |  |
| Are there records of regular servicing, defrosting and cleaning as per manufacturers recommendations? Yearly servicing and calibration of temperature gauge recommended. |  |  |  |  |  |  |
| Only pharmaceutical items are stored in the fridge e.g. no food, drink or medical samples are stored in the fridge. |  |  |  |  |  |  |
| Thermometer is able to give Max/Min/Current readings. One thermometer should be independent of mains power. Data loggers are ideal. |  |  |  |  |  |  |
| Is the refrigerator of adequate size to store correctly the volume of vaccines required, including during times of increased demand, e.g. annual influenza programme? |  |  |  |  |  |  |
| Is the refrigerator either both lockable and locked or in a locked room? |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Criteria | Audit Result | | | Comments/ action to be taken | Target date | Completed |
| Storage and Stock Control | Yes | No | n/a |  |  |  |
| Are vaccine stocks monitored prior to ordering? |  |  |  |  |  |  |
| Vaccines/Insulin are stored in the body of the fridge not in the fridge door. |  |  |  |  |  |  |
| Items are stored away from the back and sides of the fridge and the freezer compartment if it has one. |  |  |  |  |  |  |
| No more than 66% of the internal volume of fridge is filled. |  |  |  |  |  |  |
| Vaccines are not being stored in the bottom drawer of the floor of fridge. Unless it is a pharmaceutical fridge with custom made wire baskets. The ‘salad’ boxes of domestic fridges must not be used. |  |  |  |  |  |  |
| Stock rotation is carried out to ensure shortest expiry dates are used first. Close to expiry stock should be clearly labelled. |  |  |  |  |  |  |
| Cold chain deliveries are refrigerated immediately on receipt. |  |  |  |  |  |  |
| Named person and deputy responsible for receipt of the cold chain lines. |  |  |  | Names.... |  |  |
| Are there arrangements in place in the event of a refrigerator failure or power cut including back up facilities? |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Criteria | Audit Result | | | Comments/ action to be taken | Target date | completed |
| Temperature Monitoring | Yes | No | n/a |  |  |  |
| Does the practice have an up to date cold chain policy (reviewed within the last two years) that is accessible to all staff? |  |  |  |  |  |  |
| Named person and deputy responsible for monitoring the fridge. |  |  |  | Names.... |  |  |
| Procedures in place fordaily recording of temperatures. |  |  |  |  |  |  |
| Have all staff handling vaccines, from receipt to administration, been trained to follow policies to ensure cold chain compliance?  Is training completed annually? |  |  |  |  |  |  |
| Recording form or equivalent is used. |  |  |  |  |  |  |
| Minimum, Maximum and Actual temperature is checked and recorded at the same time each day |  |  |  |  |  |  |
| Reset button is used for every documented measurement. |  |  |  |  |  |  |
| Procedures in place for action to be taken in the event of abnormal temperatures. |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Criteria | Audit Result | | | Comments/ action to be taken | Target date | completed |
| Contingency Arrangements | Yes | No | n/a |  |  |  |
| Procedures in place for suitable monitored alternative storage to maintain cold chain when required. |  |  |  |  |  |  |

Name of Practice…………………………………………………………….

Audit completed by………………………………………………………….

Date of audit……………………………………………………………………