

**For AGED CARE FACILITY use only**

Submit the approval form and required attachments via email to  
[MOH-vaccereports@health.nsw.gov.au](mailto:MOH-vaccereports@health.nsw.gov.au)

Aged Care Facility Details			
Facility Name			
Number of residents			
Nominated authorised person			
Facility Address			
Telephone		Fax	
Email			
Opening hours for delivery (specify days)			
Authorised persons are: the Manager or Care Manager or Director of Nursing or Nursing Unit Manager or Operations Manager or any person assigned with the role of managing a Residential Facility			
Cold Chain Storage Assessment			
Performed by		Date	
Type of refrigerator: (Domestic or purpose built)			
Data logger*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of purchase:	
Inbuilt min/max thermometer*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of purchase:	
Battery operated min/max thermometer*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of purchase:	
Is there a designated person and back up person responsible for vaccine storage and implementation of protocols	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have all persons responsible for vaccine management completed the NSW Health online vaccine storage and cold chain management online training module?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Required attachments			
<input type="checkbox"/> Previous months twice daily min/max temps  <input type="checkbox"/> NSW Health cold chain training module certificate of completion (at least one person in the facility must complete the module)			