

For AGED CARE FACILITY use only

Email this form and required attachments to:
MOH-vaccereports@health.nsw.gov.au

This is **not** an order form for vaccines

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)	Bar fridges must not be used to store vaccines		
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 <u>all persons responsible</u> 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 three days <u>twice-daily min/max temps</u> using ' Strive for 5' temperature chart <input type="checkbox"/> NSW Health cold chain training module certificate of completion (at least one person in the facility must complete the module)			