SITE ACCESS REQUEST FORM

NSW Health representatives may require access to your facility to perform a cold chain audit. If a cold chain audit is deemed necessary by NSW Health, NSW Health representatives will:

- Confirm the date and time of the site visit with _____ (*name and position of immunisation provider*) prior to arrival
- Present ID on arrival
- Aim to minimise disruption to the facility operations as best as possible.

I _____ (*name and position of immunisation provider*) confirm that I give permission for a site visit by the NSW Health representatives if required.

Signature: _____ Date: ____/_____/____