

Entering facility and cold chain equipment data in CCEM

You have a complete set of data forms from each facility where you want to investigate whether existing equipment meet the vaccine cold chain capacity requirements. You will have one or more data forms to enter into CCEM, including:

1. Health facility questionnaire for every facility (Figure 1, with questions 1-6 modified by each country);
2. Refrigerator & freezer questionnaire (Figure 2) for each piece of refrigeration or freezing equipment at the facility (no refrigerator/freezer forms are filled in if there is no active vaccine storage at a facility);
3. a single vaccine carriers, cold boxes, and coolant packs questionnaire (Figure 3) containing the quantities of these equipment in aggregate by model of at this facility; and
4. cold room data questionnaire (Figure 4) for each walk-in cold room or freezers at this facility, most likely a national and sub-national vaccine depot.

1 - HEALTH FACILITY QUESTIONNAIRE		CCEM 2
GPS coordinates if available* Latitude Longitude Circle one N(+) or S(-) 0 . Circle one E(+) or W(-) 0 .		
Administrative levels and facility information		
1. Province:	6. Type of health facility: Mark only ONE box	
2. District:	<input type="checkbox"/> National vaccine stores <input type="checkbox"/> Regional vaccine stores <input type="checkbox"/> District vaccine stores <input type="checkbox"/> Hospital – MOH <input type="checkbox"/> Hospital – NGO <input type="checkbox"/> Hospital – Private <input type="checkbox"/> Hospital – Mission <input type="checkbox"/> Health centre – MOH <input type="checkbox"/> Health centre – NGO	
3. Division:	<input type="checkbox"/> Health centre – Private <input type="checkbox"/> Health centre – Mission <input type="checkbox"/> Dispensary – MOH <input type="checkbox"/> Dispensary – NGO <input type="checkbox"/> Dispensary – Private <input type="checkbox"/> Dispensary – Mission	
4. Location:		
5. Name of health facility:		
5a. Facility Code*		
Health facility immunisation activities		
7. Total population in area served by facility: (number of)	12. Resupply interval of vaccines: (in weeks)	
8. Live births per year in area served by facility: (number of)	13. Reserve stock for all antigens: (in weeks)	
9. Pregnant women per year in area served by facility: (number of)	14. Routine immunisation coolant pack requirements: (litres/week) Enter 0 if no static or outreach services provided	
10. Women of child bearing age in area served by facility: (number of)	15. SIA coolant pack requirements: (litres/day)	
11. Cold chain function: Mark ALL boxes that apply <input type="checkbox"/> Storage (vaccine refrigerator/freezer required) <input type="checkbox"/> Outreach immunisation services <input type="checkbox"/> Static immunisation services <input type="checkbox"/> None (Skip to question #18)	16. Distance to vaccine supply: (in kilometres)	
17. Mode of Vaccine Supply: Mark only ONE box <input type="checkbox"/> Delivered <input type="checkbox"/> Collected <input type="checkbox"/> Both <input type="checkbox"/> Unknown		
Health facility energy sources available to power cold chain equipment		
18. Grid electricity: Mark only ONE box <input type="checkbox"/> None <input type="checkbox"/> <8 hours per day <input type="checkbox"/> 8–16 hours per day <input type="checkbox"/> >16 hours per day	20. Bottled gas: Mark only ONE box <input type="checkbox"/> Available, reliable <input type="checkbox"/> Available, unreliable <input type="checkbox"/> Not available <input type="checkbox"/> Unknown	
19. Kerosene: Mark only ONE box <input type="checkbox"/> Available and clean <input type="checkbox"/> Available but dirty <input type="checkbox"/> Not available <input type="checkbox"/> Unknown	21. Solar energy: Mark ALL boxes that apply <input type="checkbox"/> Facility grounds shaded from sun >1 hr/day <input type="checkbox"/> Heavy clouds for weeks	
Contact information		
Person in charge of immunisation: _____		
Design: _____		
Mobile number: _____		
Email: _____		
Surveyor information		
Interviewer's name: _____		
Signature: _____		
Date (dd/mm/yyyy): _____		

2010-10-20

2 - REFRIGERATOR & FREEZER QUESTIONNAIRE		CCEM 2												
EQUIPMENT RECORD _____ OF _____ (Fill in a form for each piece of cold chain equipment at health facility.)														
Administrative levels and facility identification														
1. Province:														
2. District:														
3. Division:														
4. Location:														
5. Name of health facility:														
5a. Facility Code _____														
Refrigerator or freezer information														
6. Catalogue ID:														
Catalogue ID is found in the Equipment Identification Guide. If equipment is not identified, also fill in questions #11-15.														
7. Serial number:														
8. Year of supply:														
9. Working status: Mark only ONE box <input type="checkbox"/> Working well <input type="checkbox"/> Working, needs service <input type="checkbox"/> Not working														
Comments:														
10. Equipment utilisation: Mark only ONE box <input type="checkbox"/> In use <input type="checkbox"/> Not in use, available for allocation <input type="checkbox"/> Not in use, not available for allocation														
Verify directly with health facility representative this equipment is available for re-allocation														
11. How is temperature monitored? Mark appropriately <input type="checkbox"/> No monitoring device <input type="checkbox"/> Dial thermometer <input type="checkbox"/> Stem thermometer <input type="checkbox"/> Fridge tag														
12. Model name:														
13. Manufacturer / Make:														
14. Is there a CFC-free sticker on the equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No														
15. Refrigerator/Freezer Type: Mark only ONE box <input type="checkbox"/> Chest freezer, AC electricity <input type="checkbox"/> Chest freezer, electricity & gas <input type="checkbox"/> Chest freezer, electricity & kerosene <input type="checkbox"/> Chest refrigerator, AC electricity <input type="checkbox"/> Chest refrigerator, DC electricity <input type="checkbox"/> Chest refrigerator, electricity & gas <input type="checkbox"/> Chest refrigerator, electricity & kerosene <input type="checkbox"/> Iso-pack freezer, AC electricity <input type="checkbox"/> Iso-pack freezer, electricity & gas <input type="checkbox"/> Iso-pack freezer, electricity & kerosene <input type="checkbox"/> Iso-lined refrigerator <input type="checkbox"/> Solar photovoltaic refrigerator <input type="checkbox"/> Upright refrigerator, AC electricity <input type="checkbox"/> Upright refrigerator, DC electricity <input type="checkbox"/> Upright refrigerator, electricity & gas <input type="checkbox"/> Upright refrigerator, electricity & kerosene														
16. Internal storage dimensions: (cm, if available)														
<table border="1"> <tr> <th colspan="3">+4°C</th> <th colspan="3">-20°C</th> </tr> <tr> <td>L</td> <td>W</td> <td>H</td> <td>L</td> <td>W</td> <td>H</td> </tr> </table>			+4°C			-20°C			L	W	H	L	W	H
+4°C			-20°C											
L	W	H	L	W	H									
17. Calculated internal storage volume: (litres, if available)														
<table border="1"> <tr> <th colspan="2">+4°C</th> <th colspan="2">-20°C</th> </tr> <tr> <td>Gross</td> <td>Net</td> <td>Gross</td> <td>Net</td> </tr> </table>			+4°C		-20°C		Gross	Net	Gross	Net				
+4°C		-20°C												
Gross	Net	Gross	Net											
Contact information														
Person in charge of immunisation: _____														
Design: _____														
Mobile number: _____														
Email: _____														
Interviewer information														
Interviewer's name: _____														
Signature: _____														
Date (dd/mm/yyyy): _____														

2010-10-20

Figure 1: Health facility data collection form

Figure 2: Refrigerator & Freezer data collection form

CCEM 2

3 - VACCINE CARRIERS, COLD BOXES & COOLANT PACKS

Administrative levels and facility identification

1. Province: _____

2. District: _____

3. Division: _____

4. Location: _____

5. Name of health facility: _____

5a. Facility Code:

Vaccine cold box and carrier information

6. Quantities of vaccine cold boxes and carriers:
Fill in a separate line for each model of cold box and vaccine carrier found at health facility, using the Catalogue ID referenced for each model in the *Equipment Identification Guide*:

(a) Catalogue ID:	(b) Quantity	(c) Quantity not working

Coolant pack information

7. Quantity of standard coolant packs in good condition: _____

Coolant pack size	0.3	0.4	0.6

Contact information

Person in charge of immunisation: _____
 Design: _____
 Mobile number: _____
 Email: _____

Interviewer information

Interviewer's name: _____
 Signature: _____
 Date (dd/mm/yyyy): _____

2010-10-20

CCEM 2

4 - COLD ROOM QUESTIONNAIRE

EQUIPMENT RECORD _____ OF _____ (Fill in a form for each cold room at health facility.)

Administrative levels and facility identification

1. Province: _____

2. District: _____

3. Division: _____

4. Location: _____

5. Name of vaccine depot: _____

Cold room information

6. Type: ☐ +4°C cold room
☐ -20°C freezer room

7. Manufacturer: _____

8. Purchase order number: _____

9. Refrigerant gas type:
 Mark only ONE box
☐ Helium (non-CFC)
☐ NH₃ absorption (non-CFC)
☐ R12 compression refrigerant gas
☐ R134a compression refrigerant gas (non-CFC)
☐ R22 compression refrigerant gas
☐ R404a compression refrigerant gas (non-CFC)
☐ R600 (non-CFC)
☐ Unknown gas type

10. Year of supply: _____

11. Working status:
 Mark only ONE box
☐ Working well
☐ Working needs service
☐ Not working

12. Number of phases:
 Mark only ONE box
☐ One
☐ Three

13. Number of cooling systems: _____

14. Has working backup generator?
☐ No
☐ Yes

15. Has voltage stabiliser?
☐ Yes
☐ No

16. Internal storage dimensions: (m, if available)

+4°C			-20°C		
L	W	H	L	W	H

17. Internal gross storage volume: (m³)

+4°C	-20°C

18. Net storage volume for vaccine or cool/ice packs (m³):

+4°C	-20°C

19. Temperature recording system:
 Mark only ONE box
☐ Not provided
☐ Provided, operating
☐ Provided, not operating
☐ Unknown

20. Type of recording system:
 Mark ALL boxes that apply
☐ Thermometer(s) only
☐ Chart recorder (clockwork)
☐ Chart recorder (electric)
☐ Electronic data logger
☐ Computer based recorder
☐ Not available

Interviewer information

Interviewer's name: _____
 Signature: _____
 Date (dd/mm/yyyy): _____

2010-10-20

Figure 3: Vaccine carriers, cold boxes & coolant pack data collection form

Figure 4: Walk-in cold room and freezer data collection form

Now you want to investigate how well existing cold chain equipment meets each facilities requirements, as calculated by CCEM using the standard WHO calculation method and reference information contained in CCEM Setup (*Existing cold chain analysis is performed in the Inventory Data Reports area in CCEM*). Also, you want to model the impact of upcoming EPI activities, such as new vaccine introduction or supplemental immunization activities, on each facility's cold chain capacity requirements (*Modeling of future cold chain scenarios is performed in the Forecast Equipment for Multiyear Plans area in CCEM*.)

CCEM users must now enter facility and equipment data into CCEM and ensure that data quality in CCEM is maximized. If you want to entered inventory data using multiple data entry clerks on different computers, please see the document "Transferring CCEM data between CCEM files."

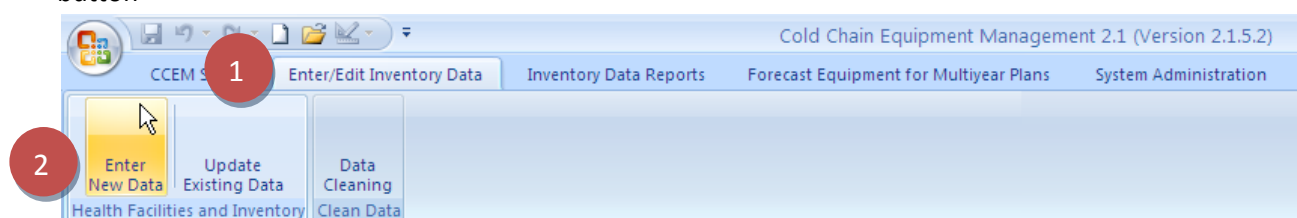
Prerequisites:

Data entry is impacted by the configurations set by the user in CCEM Setup. Therefore, before data entry it is mandatory that users:

1. Enter all refrigerators and freezer models not found in the PIS/PQS list of prequalified equipment (pre-loaded into CCEM.) This task should be done prior to data collection and this equipment should be included, with its unique catalogue ID, in the Equipment Identification Guide. CCEM will use this catalogue ID to automatically fill data on equipment specifications during data entry.
2. Administrative levels must be configured in CCEM Setup (e.g. Province, District, sub-District, Parish)
3. When there are existing unique numeric identifiers for health facilities (including vaccine depots), override the automatic generation of identifiers in CCEM, by selecting 'No' for the question "Use Automatic administrative area based facility codes" in the drop-down menu. This question is found in the Administrative Levels tab of Administrative Levels and Areas in CCEM Setup.
4. Facility types must be configured in CCEM Setup (NB: Facility type and ownership must be combined in the facility type, if desired, in the current CCEM.)
5. Administrative areas in the country must be loaded into CCEM Setup to create drop-down menus for during data entry.
6. Demographic data must be updated in CCEM Setup because CCEM will automatically calculate target populations from the Total Population, with data entry clerks overwriting these values with data provided by facility manager on the Facility data collection form.

To start entering data into CCEM, use the following procedure:

1. From the navigation ribbon, choose Enter/Edit Inventory Data and click on 'Enter New Data' button



2. CCEM will display the first record in the existing facility dataset as shown below. To create a new facility record, Click 'Add new facility'.

All fields marked with a red asterisk * are mandatory.

3. The 'Facility code' field will be filled automatically by CCEM after the final administrative level is complete by default.

If a country overrides this automatic facility code generation function in CCEM Setup so that it can use nationally established unique facility codes, the 'Facility code' field should be filled in first. This is a mandatory field.

4. Using the drop-down menu, fill in the four administrative levels where this facility is located.

1	Province	NORTHERN PROVINCE	*
2	District		*
3	Sub-district	APENNINE	*
4	Town	BALKAN	*
5	Health facility name	IBERIAN	*
		SCANDINAVIAN	*

5. Manually enter the name of the health facility in field 5 and in field 6 select the facility type from the drop-down menu.

Enter/Edit Inventory Data >> Health Facilities and Inventory >> Enter New Data

Facilities Refrigerators/Freezers Cold boxes and vaccine carriers Coolant packs Cold rooms Generators Voltage regulators

Facility code: 1051-0001 ← Write this number on the survey form Latitude (GPS): Longitude (GPS):

1	Province	NORTHERN PROVINCE	*
2	District	APENNINE	*
3	Sub-district	AOSTA VALLEY	*
4	Town	AOSTA	*
5	Health facility name	Health Comes First	*
6	Type of health facility		*

Population targets:

7	Total target population in area served by facility		*
8	Live births per year in area served by facility		*
9	Pregnant women in area served by facility		*
10	Women of child bearing age in area served by facility		*

Cold chain function: *

☐ Storage ☐ Static delivery ☐ Outreach delivery ☐ None

Vaccine supply:

12	Frequency of resupply (weeks)	
13	Reserve stock (weeks)	

Volume of coolant packs required (litres):

14	Routine immunization (litres/week)	
15	Supplementary immunization (litres/day)	

*Distance to vaccine supply (km):

16		
----	--	--

Mode of vaccine supply:

17		
----	--	--

Fuel availability: *

18	Grid electricity	
19	Kerosene	
20	Bottled gas	
21	Solar energy:	

☐ Heavy cloud for weeks
☐ Facility grounds in shade (> 1 hr/day)

6. Complete the 'Population Targets' data (fields 7-10). When the 'Total target population in the areas served by health facility' is filled-in, CCEM will automatically calculate the three additional target populations using demographic multipliers entered into CCEM Setup. You should overwrite these values with more accurate data recorded on the data collection form when it is available on the Health Facility Questionnaire.

Population targets:

7	Total target population in area served by facility	1,500	*
8	Live births per year in area served by facility		*
9	Pregnant women in area served by facility		*
10	Women of child bearing age in area served by facility		*

7. Identify the function this facility serves in the cold chain in field 11. It is important that a facility is identified as providing storage if a vaccine refrigerator is available or required at this facility.

11 Cold chain function: *

☒ Storage ☐ Static delivery ☒ Outreach delivery ☐ None

8. If a health facility provides a cold chain function (any response other than 'None' is found in field 11), fill-in data for fields 12-17. All data is entered manually, except for field 17 which is a drop-down menu matching responses on the data collection form.

Vaccine supply:

12 Frequency of resupply (weeks)

13 Reserve stock (weeks)

Volume of coolant packs required (litres):

14 Routine immunization (litres/week)

15 Supplementary immunization (litres/day)

16 *Distance to vaccine supply (km)

17 Mode of vaccine supply:

9. Fill-in data on the power availability at this health facility using the drop-down menus for grid electricity, kerosene, and bottled gas (LPG). For the Solar Energy field, #21, check the boxes that apply to this health facility as recorded on the Health Facility Questionnaire.

Fuel availability: *

18 Grid electricity

19 Kerosene

20 Bottled gas

21 Solar energy:

☐ Heavy cloud for weeks

☐ Facility grounds in shade (> 1 hr/day)

10. When you are finished with entering data for this health facility, click on the 'Refrigerators/Freezer' tab to start entering data on cold chain equipment found at this facility.

Enter/Edit Inventory Data >> Health Facilities and Inventory >> Enter New Data

Facilities Refrigerators/Freezers Cold boxes and vaccine carriers Coolant packs Cold rooms Generators Voltage regulators

Facility code 1051-0001 ← Write this number on the survey form Latitude (GPS) Longitude (GPS)

1 Province NORTHERN PROVINCE *

2 District APENNINE *

3 Sub-district AOSTA VALLEY *

4 Town AOSTA *

5 Health facility name Health Comes First *

6 Type of health facility Dispensary – MOH *

Population targets:

7 Total target population in area served by facility 1,500 *

8 Live births per year in area served by facility 57 *

9 Pregnant women in area served by facility 57 *

10 Women of child bearing age in area served by facility 360 *

11 Cold chain function: *

☒ Storage ☐ Static delivery ☒ Outreach delivery ☐ None

Vaccine supply:

12 Frequency of resupply (weeks) 4

13 Reserve stock (weeks) 1

Volume of coolant packs required (litres):

14 Routine immunization (litres/week) 2.4

15 Supplementary immunization (litres/day) 0

16 *Distance to vaccine supply (km) 12

17 Mode of vaccine supply: Collected

Fuel availability: *

18 Grid electricity 8 to 16hrs/24hrs

19 Kerosene Available but dirty

20 Bottled gas Not available

21 Solar energy:

☒ Heavy cloud for weeks

☒ Facility grounds in shade (> 1 hr/day)

It is now time to enter Refrigerator/Freezer inventory data into CCEM for this facility. You will be able to remember to what facility the equipment data is linked by looking at the bottom of the screen.

Enter/Edit Inventory Data >> Health Facilities and Inventory >> Enter New Data

Facilities Refrigerators/Freezers Cold boxes and vaccine carriers Coolant packs Cold rooms Generators Voltage regulators

Equipment ID

1 Catalog ID

2 Serial number

3 Year of supply

4 Working status

5 Equipment utilization

6 Model name

7 Manufacturer

8 CFC Free?

9 Type

10 Internal storage dimensions (cm)

11 Calculated internal storage volume(litre)

+4 °C

-20 °C

Gross

Net

Add new refrigerator/freezer

Delete

Record: 1 of 1

Unfiltered Search

Facility code 1051-0001 Province NORTHERN PROVINCE

Facility name Health Comes First District APENNINE

1. From the drop-down menu, select the unique Catalog ID found in field 6 on the Refrigerator & Freezer Questionnaire and on the data entry screen. This found in the column titled ft_library below.

Enter/Edit Inventory Data >> Health Facilities and Inventory >> Enter New Data

Facilities Refrigerators/Freezers Cold boxes and vaccine carriers Coolant packs Cold rooms Generators Voltage regulators

Equipment ID

1 Catalog ID

2 Serial number

3 Year of supply

4 Working status

5 Equipment utilization

6 Model name

ft_library ft_item_type ft_model_r ft_manufac ft_power_s ft_refrigers fn_gross_v fn_net_vol fn_gross_v fn_net_vol fi_prod_pr fi_PQS

E003001 SPR TCW 2000 Domestic S R134A 118.00 76.00 42.00 30.00 2960 1

E003002 CFAC HBD-116 Haier E NH3 0.00 0.00 121.00 92.00 410 1

E003003 CFAC HBD-286 Haier E NH3 0.00 0.00 298.00 224.00 521 1

E003004 IFAC TFW 800 Domestic E R134A 0.00 0.00 247.00 0.00 2715 1

E003005 ILR HBC-70 Haier E NH3 71.00 45.00 0.00 0.00 510 1

E003006 ILR HBC-200 Haier E NH3 198.00 90.00 0.00 0.00 688 1

E003007 ILR MK304 Vestfrost E R134A 218.00 105.00 0.00 0.00 982 1

E003008 SPR TCW 3000 Domestic S R134A 204.00 109.50 0.00 0.00 2929 1

E003009 SPR MK S044 Vestfrost S R134A 48.00 19.50 0.00 0.00 1473 1

E003010 ILR MK 074 Vestfrost E R134a 54.00 16.00 10.00 0.00 930 1

E003011 ILR MK 204 Vestfrost E R134a 136.00 75.00 0.00 0.00 850 1

E003012 ILR MK 404 Vestfrost E R134A 240.00 135.00 0.00 0.00 1153 1

E003013 ILR BLF 100 AC True Energy E R134A 125.00 103.00 0.00 0.00 1993 1

E3100M CFAC FCW 200 Domestic E R134a 0.00 0.00 180.00 144.00 1 1

E3101M SPR PVR150 Solamatic S R134a 105.00 30.00 38.00 0.00 1 1

Add new refrigerator/freezer

Delete

- Proceed to fill in the serial number of this item of equipment. CCEM will have automatically filled in data on equipment specifications using information in the Refrigerator/Freezer catalog in CCEM Setup.

Enter/Edit Inventory Data >> Health Facilities and Inventory >> Enter New Data

Facilities Refrigerators/Freezers Cold boxes and vaccine carriers Coolant packs Cold rooms Generators Voltage regulators

Equipment ID

1 Catalog ID E003003 *

2 Serial number 125893abc

3 Year of supply

4 Working status *

5 Equipment utilization *

6 Model name HBD-286 *

7 Manufacturer Haier *

8 CFC Free? Yes

9 Type Chest freezer, AC electricity

10 Internal storage dimensions (cm)

	+4 °C			-20 °C		
	L	W	H	L	W	H
11 Calculated internal storage volume(litre)	Gross 0.00			298.00		
	Net 0			224		

Add new refrigerator/freezer Delete

Record: 1 of 1 Unfiltered Search

Facility code 1051-0001 Province NORTHERN PROVINCE

Facility name Health Comes First District APENNINE

- From the drop-down menu, fill-in the year of supply, working status, and equipment utilization. The menu is matched to the options on the Refrigerator/Freezer Questionnaire.

Enter/Edit Inventory Data >> Health Facilities and Inventory >> Enter New Data

Facilities Refrigerators/Freezers Cold boxes and vaccine carriers Coolant packs Cold rooms Generators Voltage regulators

Equipment ID

1 Catalog ID E003003 *

2 Serial number 125893abc

3 Year of supply 2010

4 Working status Working needs service *

5 Equipment utilization in use *

6 Model name HBD-286 *

7 Manufacturer Haier *

8 CFC Free? Yes

9 Type Chest freezer, AC electricity

10 Internal storage dimensions (cm)

	+4 °C			-20 °C		
	L	W	H	L	W	H
11 Calculated internal storage volume(litre)	Gross 0.00			298.00		
	Net 0			224		

Add new refrigerator/freezer Delete

Record: 1 of 1 Unfiltered Search

Facility code 1051-0001 Province NORTHERN PROVINCE

Facility name Health Comes First District APENNINE

- Click 'Add new refrigerator/freezer' if you have an additional refrigerator or freezer equipment to add to the inventory for this facility, otherwise click on the 'Cold Boxes and Vaccine Carriers' tab.

Enter Cold Box and Vaccine Carrier data into CCEM for this facility by clicking on the 'Cold boxes and vaccine carriers' tab.

Enter/Edit Inventory Data >> Health Facilities and Inventory >> Enter New Data

Facilities Refrigerators/Freezers **Cold boxes and vaccine carriers** Coolant packs Cold rooms Generators Voltage regulators

6a Catalog ID

6b Quantity present

6c Quantity not working

Type

Manufacturer

Model

Net vaccine storage capacity (litre)

External dimensions (cm)

Internal dimensions (cm)

Vaccine storage dimensions (cm)

Coldlife without openings (Hours at +43°C)

Cost (US\$)

Add new cold box or vaccine carrier Delete

1. On the Vaccine Carriers, Cold Boxes & Coolant Packs Questionnaire, find the Catalogue ID in column 6a.

6. Quantities of vaccine cold boxes and carriers:

Fill in a separate line for each model of cold box and vaccine carrier found at health facility, using the Catalogue ID referenced for each model in the [Equipment Identification Guide](#):

(a) Catalogue ID:	(b) Quantity	(c) Quantity not working

2. In CCEM, find this Catalogue ID in the drop-down menu for field 6a.

Enter/Edit Inventory Data >> Health Facilities and Inventory >> Enter New Data

Facilities Refrigerators/Freezers **Cold boxes and vaccine carriers** Coolant packs Cold rooms Generators Voltage regulators

6a Catalog ID

6b Quantity present

6c Quantity not working

Type

Manufacturer

Model

Net vaccine storage capacity (litre)

External dimensions (cm)

Internal dimensions (cm)

Vaccine storage dimensions (cm)

Coldlife without openings (Hours at +43°C)

Cost (US\$)

Add new cold box or vaccine carrier Delete

fn_library	ft_manufacturer	ft_model	fn_net_storage	ft_ext_dim	ft_int_dim	ft_vac_store_dim
E004001	Coldpack	Antifreeze Backpack	3	38x27x26	34x19x20	
E004002	Dometic	RCW4	3	36.2*28.3*29.9	26.0*15.6*18.6	
E004003	Dometic	RCW8	6	58.8*28.8*43.7	46.0*18.0*24.5	
E004004	Dometic	RCW12	7	55.0*47.5*49.9	34.0*26.0*27.0	
E004005	Dometic	RCW25	20	71.0*55.0*49.9	49.6*33.4*26.4	40.6*25.2*20.2
E004006	Beijing Lihengye Interna	LC8-8A	1.6	34.0*23.4*27.5	23.5*14.5*17.0	16*7.5*16.5
E004007	AOV International	AVC-24	0.8	25*18*21	17.3*10.3*12.1	17.3*10.3*4.5
E004008	AOV International	AVC-44	1.35	24*24*30	9.9*9*16.5	9.0*9*16.5
E004009	AOV International	AVC-46	2.46	27*27*32	12.2*12.2*19	11.38*11.38*15
E004010	Apex International	AICB-444L	18	76.1*61.1*51.3	52*37*28.2	44.8*30.0*16.7
E004011	Apex International	AIDVC-24	0.9	25.0*18.0*21.4	16.5*10.0*12.0	16.5*10.0*5.0
E004012	Apex International	AIVC-44	1.6	25.0*25.0*30.0	9.98*9.98*16.7	9.0*9.0*16.7
E004013	Nilkamal Limited	RCB 444L	23	77.4*61.6*53.0	52.8*38.2*28.2	45.0*30.0*17.0
E004014	AOV International	ACB-444L	18	77*61*51	53*36.1*30.8	45.0*29.4*16.0
E004015	AOV International	ACB-503L	18	77*61*51	53*37.5*30.5	45.5*30.5*16.0

- For each model of equipment with a unique Equipment ID, fill in the quantity of this model of vaccine carrier or cold box present and the quantity not working.

CCEM will fill in the data on equipment specifications from information found in CCEM Setup in the Vaccine Carriers and Cold Boxes Catalogue.

Enter/Edit Inventory Data >> Health Facilities and Inventory >> Enter New Data

Facilities Refrigerators/Freezers Cold boxes and vaccine carriers Coolant packs Cold rooms Generators Voltage regulators

6a Catalog ID E004003 *

6b Quantity present 12 *

6c Quantity not working 5 *

Type Cold box short range

Manufacturer Dometic

Model RCW8

Net vaccine storage capacity (litre) 6

External dimensions (cm) 58.8*28.8*43.7

Internal dimensions (cm) 46.0*18.0*24.5

Vaccine storage dimensions (cm)

Coldlife without openings (Hours at +43°C) 48

Cost (US\$) 323

Add new cold box or vaccine carrier Delete

- Click 'Add new cold box or vaccine carrier' if you have an additional equipment to add to the inventory for this facility, otherwise click on the 'Coolant packs' tab.

Enter Coolant Pack data into CCEM for this facility by clicking on the 'Coolant packs' tab.

Enter/Edit Inventory Data >> Health Facilities and Inventory >> Enter New Data

Facilities Refrigerators/Freezers Cold boxes and vaccine carriers **Coolant packs** Cold rooms Generators Voltage regulators

Coolant packs size (litre) 0.3 0.4 0.6 *

1 Quantity present

1. On the Vaccine Carriers, Cold Boxes & Coolant Packs Questionnaire, find the quantities of standard coolant packs at each health facility in question #7.

Coolant pack information				
7. Quantity of standard coolant packs in good condition:	Coolant pack size	0.3	0.4	0.6
		<input type="text"/>	<input type="text"/>	<input type="text"/>

2. In CCEM, enter these data manually.

Coolant packs size (litre) 0.3 0.4 0.6 *

1 Quantity present

3. When CCEM has been modified for an additional field, enter data for the quantities of thermometers available to monitor vaccine transport.

Quantity of thermometers available to monitor vaccine carriers and cold boxes:

Enter Cold Room data into CCEM for this facility by clicking on the 'Cold boxes and vaccine carriers' tab.

Enter/Edit Inventory Data >> Health Facilities and Inventory >> Enter New Data

Facilities Refrigerators/Freezers Cold boxes and vaccine carriers Coolant packs Cold rooms Generators Voltage regulators

Equipment ID

1 Model name	<input type="text"/>	12 Has backup generator?	<input type="text"/>
2 Serial number	<input type="text"/>	13 Year of supply	<input type="text"/>
3 Manufacturer	<input type="text"/>	14 Working status	<input type="text"/>
4 Refrigerant gas type	<input type="text"/>	15 Has voltage stabilizer?	<input type="text"/>
5 Number of phases	<input type="text"/>		
6 Number of cooling systems	<input type="text"/>		
7 Temperature recording system	<input type="text"/>		
8 Type of temperature recording system	<input type="text"/>		

9 Internal storage dimensions (m)	+4 °C		-20 °C	
10 Internal gross storage volume (m3)	L <input type="text"/>	W <input type="text"/>	L <input type="text"/>	W <input type="text"/>
11 Net storage volume for vaccine/packs (m3)	H <input type="text"/>	H <input type="text"/>	H <input type="text"/>	H <input type="text"/>

Add new cold room Delete

Record: 1 of 1 No Filter Search

1. On the Cold Rooms Questionnaire find the model name for this cold room and manually enter this information into field #1. This is a manual field and will provide a reference for the cold room during inventory analysis.
2. Enter the serial number or other unique identifier for this cold room or walk-in freezer into field #2
3. Enter the Manufacture information when available into field #3.
4. Select the status of the backup generator from the drop-down menu in field #4, if this data is available.
5. Select the number of phases from the drop-down menu in field #5, if this data is available.
6. Enter the number of coolant systems when available into field #6, if this data is available.
7. Select the status and type of temperature recording system associated with this cold room in the drop-down menus in fields #7 and #8.
8. Enter internal storage dimensions into field #9, CCEM will automatically fill in fields #10 and #11 based on these dimensions.
9. *Overwrite data on 'Net storage volume for vaccine/packs' in field #11 when more accurate information is available. There should only be data for +4°C or -20°C, place a zero in the other temperature net storage volume field.
10. Select the status of the backup generator from the drop-down menu in field #12, if this data is available.
11. Select the year of supply for this cold room from the drop-down menu in field #13, if this data is available.
12. Select the working status of this cold room from the drop-down menu in field #14, if this data is available.
13. Select the status of the voltage stabilizer from the drop-down menu in field #15, if this data is available.