

## CCEOP Year 2\_Technician's Checklist

### Notes:

- The installation checklist must be completed for each completed installation in 5 originals;
- Each copy must be countersigned by In-Charges and CHDs with official stamps for the facilities
- Distribution of copies: 1. Remains at the Facility, 2. Given to CHDs, 3. Given to National MOH, 4. Given to UNICEF, 5. To be maintained by the bidder/supplier as proof of delivery/commissioning.

<b>Date of installation:</b> ____/____/____		<b>GPS Coordinates:</b> Latitude: _____ Longitude: _____	
<b>Name of Facility:</b> _____ <b>Name of county:</b> _____ <b>State:</b> _____			
<b>Background:</b> <b>a.</b> Where there other CCE at the Facility? <b>Yes</b> _____ <b>No</b> _____		<b>c.</b> Description of the CCE: Type _____; Model _____; Ser No: _____; Year of Installation: _____:	
<b>b.</b> If Yes, what's the working condition? <b>Functional</b> _____ <b>Non-Functional</b> _____			
<b>Note: All checks must be satisfactory before the installation is handed over to the user.</b>			
<b>CHECK 1 – System description</b>			
1.1	<b>Qualified supplier:</b> _____		
1.2	Refrigerator Model: _____ Serial number: _____		
1.3	Solar panel: Model Ref: _____ Quantity of panels: _____ Serial number: _1_____ 2_____ 3_____ 4_____		
<b>CHECK 2 – Shipment details</b>			
2.1	Was the shipment damaged?	Yes	No
2.3	Were any components missing or under-supplied?	Yes	No
2.3	Have damaged/missing/under-supplied parts been replaced?	Yes	No    Not applicable
	<i>Comments:</i> _____		
<b>CHECK 3 – Solar panel installation</b>			
3.1	Panel Orientation		
	Has the panel been installed at the correct angle towards the equator?	Yes	No
	Do shadows fall on the panel between 9:00am and 3:00pm?	Yes	No
	<b>If YES, the system FAILS and if possible remove the shade or the panel must be moved.</b>		
3.2	Panel support structure		
	Are roof fixings in place and are they adequate?	Yes	No
	Have theft-deterrent fasteners been used?	Yes	No
3.3	Lightning protection:		
	Has the lightning protection circuit been correctly fitted?	Yes	No
	Has the earth electrode been correctly fitted?	Yes	No
	Has lightning protection system been tested for electrical continuity?	Yes	No

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	Comments:		
<b>CHECK 4 – Array cabling and installation</b>			
4.1	Only the solar array cable provided by supplier was used for installation?	Yes	No
	Are all electrical connections and array cables concealed and properly protected?	Yes	No
	Comments:		
<b>CHECK 5 – Functionality test</b>			
5.1	Commissioning: have all tests been carried out in accordance with the qualified supplier's instructions?	Yes	No
	GSM service and data logger functional	Yes	No
	Are all system components functioning properly?	Yes	No
	Comments:		
<b>CHECK 6 - Training</b>			
6.1	Number of health facility staff trained in usage of SDD		
6.2	Number of staff trained in preventive maintenance of SDD – periodical cleaning of solar panels etc		
6.3	Number of staff trained on activation, reading and interpretation of <b>Fridge-tag2</b>		
<b>CHECK 7 – Documentation</b>			
7.1	Check if the following documentations are supplied in English Language:		
	<i>user manual</i> for all system components	Yes	No
	<i>A technician's manual</i> for all system components	Yes	No
	<i>An installation manual</i>	Yes	No
	Comments:		
<b>CHECK 8 – Overall conclusions and recommendations</b>			
8.1	Recommendation:	Pass	Fail
	If FAIL, list outstanding work still required:		
	If PASS, the installation can be handed over to the user.		
<b style="color: red;">INSTALLATION CONFIRMATION:</b> <b>Technician:</b> Name: ..... Signature: .....Date: ...../...../..... Contact address: .....			