# Annex E – Installation checklist On-grid refrigerator

*Note:* The installation technician must fill in this checklist for each completed installation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mains powered refrigerator installation checklist** | | | **Date:** | |
| **Country:** | | **Region:** |
| Installation technician: Installation company:  Address:  Tel: Email: | |  | | |
| *Note: All checks must be satisfactory before Annex E can be signed / the installation is deemed completed.* | | | | |
| **CHECK 1 – System description** | | | | |
| 1.1 | Qualified supplier: | | | |
| 1.2 | Refrigerator Model:  Serial number: Model reference:  Product number: | | | |
| **CHECK 2 – Shipment details** | | | | |
| 2.1 | Was the shipment damaged? | | | * Yes ☐ No |
| 2.2 | Were any components missing or under-supplied? | | | * Yes ☐ No |
| 2.3 | Have damaged/missing/under-supplied parts been replaced? | | | * Yes ☐ No ☐ Not applicable |
|  | *Comments:* | | | |
| **CHECK 3 – Functionality test** | | | | |
| 3.1 | Functionality test has been carried out in accordance with the qualified  supplier’s instructions. | | | * Yes ☐ No |
| 3.2 | A detailed functionality test report been completed and signed by the technician; a copy of the report is attached. | | | * Yes ☐ No |
| 3.3 | 30-day temperature logger has been installed and is functional. | | | * Yes ☐ No ☐ RMTD |
| 3.4 | There is sufficient GSM coverage at the health facility. | | | * Yes ☐ No ☐ Not relevant |
|  | *Installation Technician confirmation on functionality*  *Installation Technician Signature:* | | | |
| **CHECK 4 – Cabling and installation** | | | | |
| 4.1 | The voltage regulator has been installed and cabled correctly. | | | * Yes ☐ No |
| 4.2 | All electrical connections and cables are concealed and properly protected. | | | * Yes ☐ No |
|  | *Comments:* | | | |

|  |  |  |
| --- | --- | --- |
| **CHECK 5 – Training** | | |
| 5.1 | Number of health facility staff trained in usage of refrigerator (Male/Female) |  |
| 5.2 | Number of staff trained in preventive maintenance of refrigerator (Male/Female) |  |
| 5.3 | Number of staff trained in usage of 30 DTR / recording of temperature (Male/Female) |  |
| 5.4 | Warranty / claims procedure has been explained, including whom to contact in case of under-performance or downtime of equipment. | * Yes ☐ No |
| 5.5 | Warranty / claims procedure and relevant contacts are attached to the fridge. | * Yes ☐ No |
| **CHECK 6 – Documentation** | | |
| 6.1 | Check if the following documentation has been supplied | Language: |
| - User manual for all system components | * Yes ☐ No |
| - Technician’s manual | * Yes ☐ No |
| - Installation manual | * Yes ☐ No |
| *Comments:* |  |
| **CHECK 7 – Overall conclusions and recommendations** | | |
| 7.1 | Recommendation: | * **Pass** ☐ **Fail** |
| If FAIL, list outstanding work still required: | |
| If PASS, the installation can be handed over to the user. | |
| Installation technician signature:  Health center responsible signature:  Name and designation:  Rubber Seal  Of the Health facility/ District Health officer  Date: | | |

# Warranty/claims procedure

*Note*: Contractor to fill in based on country specifics.

A printout of the completed document should remain in each HF, attached to the fridge, clearly visible.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Final commissioning *Note:* To be left with the Health Facility Worker to be completed for each installation after the first 30 days of operation. Contractor to agree with PMT on process and include instruction letter from EPI. | | | | |
| **Refrigerator 30-day test checklist (Mains powered)** | | **Date:** | | |
| **Country:** | **City/town:** | **Site name:** | | |
| ***Instructions for completing this form:***  Complete the form 30 days after the refrigerator was handed over to you.  Send a copy of the form back to *(to be confirmed by EPI / PMT, please add)*  Attach a copy of the temperature record for the whole 30-day test period. | | | | |
| Name: Email: Position: Phone: | | | | |
| Has the refrigerator temperature stayed between +2°C and + 8°C throughout the last 30 days? | | | ☐ Yes | ☐ No |
| A copy of the temperature record for the last 30 days is attached to this from. | | | ☐ Yes | ☐ No |
| The refrigerator is working correctly. | | | ☐ Yes | ☐ No |
| All cable connections are safe and working correctly. | | | ☐ Yes | ☐ No |
| The voltage regulator is installed and working correctly. | | | ☐ Yes | ☐ No |
| The temperature recorder is installed and working correctly. | | | ☐ Yes | ☐ No |
| **Comments and questions:**  If you have any comments or questions about the equipment or the installer, please write them here: | | | | |
| Signature:  Date: | | | | |