

Annex E – Installation checklist On-grid refrigerator / freezer (Mains)

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

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

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

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.