

## Annex D: Supervisor Checklist

<b>Annex D: Supervisor Checklist</b>					
This form is intended to assist supervisors when they visit the different vaccination sites. Most spaces can be answered with a "yes" or "no" or "concern." If there is a concern with an item, write a short explanation. You may use additional pages to explain these concerns.					
	1 <sup>st</sup> site	2 <sup>nd</sup> site	3 <sup>rd</sup> site	4 <sup>th</sup> site	5 <sup>th</sup> site
Site name					
<b>Community participation</b>					
Are people are gathered at the site?					
Hve local leaders are informed about the vaccination?					
<b>Site Organization</b>					
Has the site identified by a banner?					
Is the full vaccination team present at the site?					
Is sufficient vaccine supply available?					
Is one-way crowd flow established?					
Are Individuals screened for eligibility?					
Vaccinators verify the expiration date of vaccines?					
Do vaccinators check the VVM before opening?					
Do vaccinators shake the vial before opening?					
Do vaccinators observe participants take the whole dose?					
Do vaccinators inform about the date of the second dose?					
Are tally sheets available?					
Are tally sheets used?					
Are the OCV registration cards well completed?					
<b>Cold Chain</b>					
Is the functioning cold chain available (refrigerator/cold box/vaccine carrier)?					
Are the vaccine vials being kept in cold box/refrigerator/vaccine carriers, keeping correct cold chain?					
Are vaccines being kept so they aer not frozen?					
<b>Waste Management</b>					
Are the metallic lids properly discarded into waste bag after opening the vial?					
Are vaccine vials discarded in the waste bag after administration?					
Are other wastes collected in separate bag?					
<b>AEFI</b>					
Are AEFI forms available?					
Are vaccinees waiting after vaccination?					
Does the vaccinator have adequate knowledge of AEFI?					
Site name	1 <sup>st</sup> site	2 <sup>nd</sup> site	3 <sup>rd</sup> site	4 <sup>th</sup> site	5 <sup>th</sup> site
Remarks					
Supervisor's Name _____					
Signature _____					
Date _____					