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COVID-19 Vaccination Centers Inspection Checklist- Final

Name of the Facility:	
Date of Inspection://	

Ref.	Description		No	N/A	Remarks			
5	STANDARD ONE: HEALTH FACILITY REQUIREMENTS							
5.8	Preventive precautionary measures should be applied in the							
5.0	health facility, the facility should comprise of:							
5.8.1	Reception area; which includes patient registration and patient							
3.6.1	queuing system.							
5.8.2	Waiting areas; should accommodate a wide range of occupants							
5.6.2	including those less mobile or in wheelchairs.							
	Patient screening/vital signs room(s); will be used for							
5.8.3	measurement and recording of patient vital signs prior to							
	consultation.							
	Vaccination room (s)/cubicle(s)/bay(s); where patients will							
5.8.4	receive the vaccine by a licensed trained healthcare professional							
	ensuring privacy.							
	Designated room(s)/cubicle(s) at the site for management of							
5.8.5	Adverse Drug Reactions (ADRs) and management of patients							
5.6.5	with urgent medical problems (e.g., fainting, high blood							
	pressure, etc.) and for referral to other entities (if applicable).							
	Observation area; where patients will be monitored closely after							
5.8.6	being vaccinated for any adverse reaction or immediate allergic							
	reaction.							
7	STANDARD THREE: MANAGING VACCINE STOCKPILE, STOR	AGE, TRA	NSPOR	TATION,	AND			
	COLD CHAIN REQUIREMENTS							

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	Health facilities should have a policy and a clear official pathway			
7.1.2	in place to manage the stockpile of the available vaccine in a			
	way that no dose is wasted.			
	A contingency plan is in place in case vaccines need to be			
722	replaced. The plan addresses scenarios for vaccine			
7.2.3	compromised before arrival at the clinic and for vaccine			
	compromised during clinic hours.			
7.2.4	Health facility should maintain clearly written, detailed, and up-			
7.2.4	to-date receiving, storage, handling, and transporting SOPs.			
	An emergency medical kit should be available at the site of the			
7.2.5	clinic/vaccination centre. (Kit may include; epinephrine,			
7.2.3	Hydrocortisone, Chlorpheniramine Inj. and equipment for			
	maintaining an airway).			
7.3.7	SOPs should be in place to ensure power supply or alternative			
7.5.1	options when power outage occurs.			
10	STANDARD SIX: PREPARATION REQUIREMENT FOR VACCIN	ES		
10.1.2	The following considerations should be made when selecting an			
10.1.2	environment for preparation of vaccines:			
	Alcohol-based hand sanitizer should be available. For alcohol-			
d	based hand sanitizers, the Centers for Disease Control &			
u	Prevention (CDC) recommends a concentration of 60% to			
	95% ethanol or isopropanol (i.e., isopropyl6) alcohol.			
	Whenever possible, the area dedicated for vaccine preparation			
е	should not be located in or close to where environmental			
Č	control challenges could negatively affect the air quality (e.g.,			
	restrooms, warehouses, or food preparation areas).			
	Equipment to include in the dedicated area or room may			
10.1.3	comprise of sharps container, alcohol swabs, sink and/or hand			
	sanitizer, and materials for personnel hygiene and garbing.			
11	STANDARD SEVEN: OBSERVATION POST VACCINE			
	Vaccination providers should have appropriate medications and			
11.4.3	equipment such as epinephrine, antihistamines, stethoscopes,			
±±,7,J	blood pressure cuffs, and timing devices to check pulse at all			
	COVID-19 vaccination centres.			

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12	STANDARD EIGHT: INFECTION CONTROL MEASURES							
	Adequate infection control supplies are provided, including							
	biohazard containers and supplies for hand hygiene. If							
12.2	administering injectable vaccines, adhesive bandages,							
12.2	individually packaged sterile alcohol wipes, and a sufficient							
	number of sterile needles and syringes and a sharps container							
	are provided.							
APPENDIX	REQUIREMENT CHECKLIST FOR COVID-19 ON-SITE VACCINATION	ATION CE	NTERS					
1	REQUIREMENT CHECKERS FOR COVID 15 ON SITE VICENIA			ı				
5	PPE and Infection Control Policy is in place. Provide copy of							
	policy							
6	Adverse Drug Reactions reporting Policy is in place. Provide							
	copy of policy							
8	Accessibility: Wheelchair access is required in all patient areas							
	including Consult, Treatment, Procedure and Waiting rooms.							
9	Main Reception used for appointment registration and							
	Enquiries.							
10	Waiting areas with amenities for visitors.							
11	Examination room used for patient screening prior to							
	vaccination.							
12	Preparation and storage room for general consumables, sterile							
12	stock and equipment.							
13	Vaccination/treatment room(s).							
14	Observation area should include crash cart and emergency							
14	medication.							
15	Fully equipped room with bed for resuscitation, advanced life							
15	support management, with crash cart (if applicable).							
16	Data entry policy is in place. Provide copy of policy							
APPENDIX	EVALUATION CHECKLIST FOR VACCINATION CLINICS HELD	AT TEMI	PORARY	OR OFF	-SITE			
2	LOCATIONS							
5	Contingency plan is in place in case vaccines need to be							
J	replaced. Provide a copy of contingency plan.							

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	An amount modified life (in distance in the first of the life of t		
-	An emergency medical kit (including epinephrine and		
6	equipment for maintaining an airway) is at the site for the		
	duration of the clinic.		
8	There is a designated area at the site for management of		
	patients with ADRs and urgent medical problems (e.g., fainting).		
9	Adequate infection control supplies are provided, including		
<i>y</i>	biohazard containers and supplies for hand hygiene.		
11	A designated clean area (aseptic) for vaccine preparation has		
11	been identified and set up prior to the clinic.		
12	Sufficient supply of PPE for staff is available, including face		
13	masks, gloves		
4.1	Sufficient hand sanitizer is available so that staff and patients		
14	can repeatedly practice hand hygiene.		
	Signs, barriers, and floor markers to instruct patients to social		
15	distance from other patients and clinic staff have been set up		
	before the clinic		
	Sufficient supply of thermometers and vital sign monitoring		
16	devices to check patient temperatures prior to entering the		
	vaccination clinic and COVID symptom checklists.		
APPENDIX			
3	EVALUATION CHECKLIST FOR MOBILE VACCINATION UNIT		
	Operational policy is in place that is adapted by the related		
2	departments or the main facility/clinic that the mobile		
	healthcare unit is affiliated to.		
	The location of the unit should preferably be in close proximity		
3	to its related department or its patient base.		
	The unit is located on a solid and levelled surface to prevent		
4	instability of the structure when in use.		
	Access to the unit is located where it does not interfere with		
5	emergency exits of an adjacent building unless the exits are		
	specifically permitted to serve both buildings.		
	The location of the Mobile Healthcare Unit complies with		
6	relevant local environmental laws and regulations.		
7	Wheelchair and stretcher access is provided.		
'	vvniceichail and Stretcher access is provided.	1	

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	Entrance/reception area of the mobile healthcare unit is well-lit				
8	and clear sign-posted.				
0	The facility should provide waiting space for patient privacy as				
9	close to the unit docking area as possible.				
	The facility should provide or be in close proximity of				
10	patient/staff toilets as close to the unit docking area as				
	possible.				
	The clinical areas should have easy access to the relevant				
11	departments and other critical resources required to provide				
	the services.				
	The internal planning of the unit should provide patient and				
12	staff direct access to services located in the mobile healthcare				
	unit.				
13	Adequate hand wash basins should be provided according to				
	infection control guidelines.				
14	Schedule date, time and location for mobile healthcare unit.				
18	Set up physical space with hand hygiene station, screening for				
	COVID symptoms or exposure.				
19	Designate a staff monitored waiting area (outdoor or indoor)				
24	Develop a contingency plan in case vaccine needs to be replaced				
	– stored too warm or too cold.				
25	Anaphylaxis protocol and emergency medical kit readily				
	available.				
26	Adequate infection control measures are present.				
APPENDIX	EVALUATION CHECKLIST FOR DRIVE-THROUGH VACCINAT	ION CEN	TRES		
4		I	I	, I	
•	PPE and Infection Control Policy is in place.				
•	Adverse Drug Reactions reporting Policy is in place.				
4	Open area.				
•	Proper ventilation system.				
•	One-way passage for vehicles with entrance separate from exit.				
	Divided into stations for parking, registration, and vaccine				
•	administration.				

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•	Using portable vaccine refrigerator.		
•	A digital data logger with a buffered probe are available		
•	A process for screening for contraindications and precautions is in place.		
11	Result Reporting Policy		

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