



Pneumococcal Vaccine Schedules Study

Checklist of procedures to monitor in the Basse laboratory

Date of visit: ___/___/___ Name of attendant/s:

Evaluation Criteria

A- EQUIPMENT/DEVICES							
Thermometer(s)	Maintenance/Technical control/Functionality	<input type="checkbox"/> POOR		<input type="checkbox"/> FAIR		<input type="checkbox"/> GOOD	
	Calibration	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other, _____ _____			
	Comment:						
Refrigerator(s)	Maintenance/Technical control/Functionality	<input type="checkbox"/> POOR		<input type="checkbox"/> FAIR		<input type="checkbox"/> GOOD	
		Calibration	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other, _____ _____		
	Temperature control sheet(s)/recording available and been recorded appropriately				<input type="checkbox"/> YES		<input type="checkbox"/> NO
	Comment:						
	Measurements - if temperature out of range				<input type="checkbox"/> YES		<input type="checkbox"/> NO
Comment:							



-70/80°C Freezer(s)	Maintenance/Technical control/Functionality		<input type="checkbox"/> POOR		<input type="checkbox"/> FAIR		<input type="checkbox"/> GOOD		
		Calibration	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other, _____ _____				
	Temperature control sheet(s)/recording available and been recorded appropriately					<input type="checkbox"/> YES		<input type="checkbox"/> NO	
	Comment:								
	Measurements - if temperature out of range					<input type="checkbox"/> YES		<input type="checkbox"/> NO	
	Comment:								
Incubator(s)	Maintenance/Technical control/Functionality		<input type="checkbox"/> POOR		<input type="checkbox"/> FAIR		<input type="checkbox"/> GOOD		
		Calibration	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other, _____ _____				
	CO2 environment					<input type="checkbox"/> YES		<input type="checkbox"/> NO	
	Comment								
	Temperature control sheet(s)/recording available and been recorded appropriately					<input type="checkbox"/> YES		<input type="checkbox"/> NO	
	Comment:								
Measurements - if temperature out of range					<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Comment:									



Blood culture device BACTEC	Maintenance/Technical control/Functionality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		POOR	FAIR	GOOD	
	<input type="checkbox"/>	Calibration	<input type="checkbox"/>	<input type="checkbox"/>	Other, _____ _____
		YES	NO		
	Comment:				
	Temperature control sheet(s)/recording available and been recorded appropriately	<input type="checkbox"/>	<input type="checkbox"/>		
		YES	NO		
Comment:					
	Measurements - if out of range	<input type="checkbox"/>	<input type="checkbox"/>		
		YES	NO		
Comment:					
Autoclave(s)	Maintenance/Technical control/Functionality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		POOR	FAIR	GOOD	
	<input type="checkbox"/>	Calibration	<input type="checkbox"/>	<input type="checkbox"/>	Other, _____ _____
	YES	NO			
Comment:					
Microscope(s)	Maintenance/Technical control/Functionality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		POOR	FAIR	GOOD	
	<input type="checkbox"/>	Calibration	<input type="checkbox"/>	<input type="checkbox"/>	Other, _____ _____
	YES	O			
Comment:					
Safety cabinet(s)	Maintenance/Technical control/Functionality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		POOR	FAIR	GOOD	



	Calibration	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other, _____ _____
Comment:				
Pipette(s)	Maintenance/Technical control/Functionality	<input type="checkbox"/> POOR	<input type="checkbox"/> FAIR	<input type="checkbox"/> GOOD
	Calibration	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other, _____ _____
	Comment:			
Centrifuge(s)	Maintenance/Technical control/Functionality	<input type="checkbox"/> POOR	<input type="checkbox"/> FAIR	<input type="checkbox"/> GOOD
	Calibration	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other, _____ _____
	Comment			
Working Environment	Cleanliness	<input type="checkbox"/> POOR	<input type="checkbox"/> FAIR	<input type="checkbox"/> GOOD
	Organization	<input type="checkbox"/> POOR	<input type="checkbox"/> FAIR	<input type="checkbox"/> GOOD
	Comment:			

B - REAGENTS/KITS/MEDIA/REFERENCE STRAINS			
Reagents/ Test kits	Storage conditions (as per manufacturer)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Expiration date (as per manufacturer)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Constant supply available	<input type="checkbox"/> YES	<input type="checkbox"/> NO



	Comment:		
Pneumococcal antisera	QC documentation (as per SSP)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Expiration date (as per manufacturer)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Constant supply available	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Comment:		
Media/ Media preparation	Preparation date recorded	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Expiration date recorded	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Preparation process: appropriate conditions	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Control of functionality/growth	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Control of sterility	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Comment:		
Reference strains	Reference strains used/available	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Comment:		
	Strains stored in appropriate medium (e.g. microbank, glycerol medium)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Comment:		
	Storage temperature -20°C	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Strains handled for sub-cultivation according to SOP	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Comment:			



C - HANDLING OF SPECIMEN			
Specimen transportation/ transfer	Transportation of specimen as per protocol/SOPs (i.e. temperature/time)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Specimen recorded in EMR first on reception	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Specimen recorded in EMR and log book	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Internal laboratory number given to specimen (if applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Comment:		
NPS processing	Culturing of NPS STGG as per protocol/SOPs	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Identification of cultured microorganisms as per protocol/SOPs	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Sweep serotyping as per SSP	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Comment:		
Blood culture documentation/ interpretation	Culture and identification according to protocol	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Contamination rate of blood cultures calculated (ideally up to 5%)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Measures taken if high contamination rate	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Comment		
	Positivity rate of blood cultures (ideally 5%)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Measures taken if low positivity rate	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Comment		

D – QUALITY CONTROL			
Internal quality control	Control of testing done regularly using the reference strains	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Control of identification reactions according to SOPs	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Comment:		



External quality control	Does the laboratory participate in an external quality control program for microbiology?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If "Yes", state the external quality control program and result of most recent evaluation. Check documentation is filed in laboratory.	_____	
	Quarterly external QC of sweep serotyping done?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NOT DUE
	If yes, result – agreement for x/y STGG specimens		
Comment:			

E – NPS & BC SAMPLE MONITORING			
NPS	Pick two sample ID from reception logbook and follow through:		
	Is sample recorded in lab EMR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If sample is isolate is it stored?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Comment:		
BC	Pick two sample ID from reception logbook and follow through:		
	Is sample recorded in lab EMR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If sample is isolate, is it stored?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Comment:		

F - STANDARD OPERATING PROCEDURES/TRAINING			
Standard Operating Procedures (SOPs)	PVS SOPs available & used	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Monthly/Quarterly staff proficiency documented		
	Comment		
	Additional SOPs of collaborators available & used (If applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Comment		
	Reference literature available & used	<input type="checkbox"/> YES	<input type="checkbox"/> NO



Reference literature/ Training	Comment		
	Training of staff at site	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Comment/Trained on:		
	Comment/Frequency of training:		

Evaluation Outcome/comments: –

Recommendations/Action points:

Name of person conducting supervision: