

Orientation Checklist Template

Vaccine Cold Chain Management Orientation Checklist

Employee name: _____
Date of orientation: _____
Name of person providing the training: _____
Healthcare Provider: _____

Action	Completed
Review the roles and responsibilities table	
Watch YouTube video on cold chain management procedures	
Review the Maintain the Chain: Your Quick Guide to Vaccine Management Flipbook Discuss any questions	
Provide links to cold chain management information a) Wellington-Dufferin-Guelph Public Health b) Ontario Ministry of Health and Long-term Care	
Complete the online quiz	

I acknowledge that I have received training on cold chain management of publicly funded-vaccines.

X

Employee signature

X

Witness signataure