

## District monitoring form for tOPV to bOPV switch

Date: \_\_\_\_\_ State: \_\_\_\_\_

District: \_\_\_\_\_ Monitor: \_\_\_\_\_

Organization: \_\_\_\_\_

Designation: \_\_\_\_\_ Phone: \_\_\_\_\_

District Vaccine Store	
Number of tOPV vials found inside cold chain	
Number of tOPV vials found outside cold chain	
If outside cold chain, are these tOPVs marked and segregated for disposal	
What is the plan to dispose of remaining tOPV	
Is bOPV available at district vaccine store	Yes / No
Is IPV available at district vaccine store	Yes / No

Disposal at district level	
Method	Boiling/Autoclave/Other
Total vials	
Total disposed	

Certification	
Has district certificate been submitted to state	Yes / No
Total CCPs in district	
Total CCP certificates available at district	