

Facility Data Logger Equipment Commitment

FACILITY PIN / USIIS ID

FACILITY INFORMATION (All information is required).

Facility Name:		
Facility Address:		
City:	State:	Zip Code:
Telephone:	Fax:	
Mailing Address (if different) :		
City:	State:	Zip Code:

FACILITY CONTACTS:

Medical Director or Equivalent

Last Name, First, MI:	
Title:	License No:

Facility Primary Contact

Name:	
Telephone:	Email:

Facility IT Contact (if applicable)

Name:	
Telephone:	Email:

DIGITAL DATA LOGGER INFORMATION

Does facility use SensoScientific digital data loggers provided by Utah Immunization Program? Yes No

If Yes - Fill in section A, review commitments and have Medical Director/Equivalent sign the commitment.

If No - Jump to and Fill in section B, review commitments and have Medical Director/Equivalent sign the commitment.

A. SENSOSCIENTIFIC EQUIPMENT INFORMATION *(provided by Utah Immunization Program)*

(COMPLETE SECTION A IF USING SENSOSCIENTIFIC EQUIPMENT PROVIDED BY UTAH IMMUNIZATION PROGRAM ONLY)

For each SensoScientific unit provided to your facility by the Utah Immunization Program list the following information:

MAC ID - on back, below barcode or on the display (New OTA)	Node ID (found in the Group)	UNIT - Fridge/Freezer monitored	SRS# (Probe Number)	SRS Expiration Date of Probe
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If your facility does not have the new OTA device, please email vacteam@utah.gov

MAC ID	Node ID	UNIT (Fridge/Freezer)	SRS# (Probe Number)	SRS Expiration Date	MAC ID	Node ID	UNIT (Fridge/Freezer)	SRS# (Probe Number)	SRS Expiration Date
1					6				
2					7				
3					8				
4					9				
5					10				

SENSOSCIENTIFIC EQUIPMENT commitment

Utah Immunization Program Commitment

As part of this commitment between the Utah Department of Health and Human Services (UDHHS), Utah Immunization Program and eligible health care facilities, the Utah Immunization Program commits to providing:

1. One SensoScientific node and probe per storage unit listed on the current Provider Agreement that stores publically-funded vaccine, *excluding COVID-19 vaccine and Flu only providers*, provided by the Utah Immunization Program.
2. SensoScientific 24/7 monitoring.
3. Access to the SensoScientific cloud (<https://cloud.sensoscientific.com>).
4. Trainings and educational support on the use of and/or problems with: the SensoScientific equipment, use of the cloud, temperature monitoring, and temperature excursions.
5. Installation of SensoScientific node(s) and facility admin user access setup. Facility admin users will maintain and give access to other staff to monitor temperatures of storage units that store publically-funded vaccine.
6. First contact for continued support and troubleshooting of the SensoScientific node(s). This includes but is not limited to Wi-Fi access points updates.

Healthcare Facility's Commitment

As a condition of participating in receiving SensoScientific data loggers (nodes and probes) from the Utah Immunization Program, I agree to the following conditions on behalf of myself and all the staff associated with this health care delivery facility of which I am the medical director, facility director, or equivalent:

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| 1. | Ensure compliance with all Utah Immunization Program policies and standards, including Provider Agreement and Certificate to Store. If unable to meet policies and/or compliance standards, this agreement may be terminated. |
| 2. | Use of equipment for monitoring publically-funded vaccine storage units listed in the current Provider Agreement. This agreement must be updated annually. |
| 3. | Maintain the equipment in good repair and operating condition, allowing for reasonable wear and tear. Equipment found in non-working condition, due to damage or negligence, will be the financial responsibility of the Healthcare Facility to replace/repair. |
| 4. | Maintain AA batteries in good working condition. AA Batteries will not be provided by the Utah Immunization Program. |
| 5. | Contact the Utah Immunization Program directly for all troubleshooting and equipment issues.
A. Contacting Senso directly to assist in troubleshooting may cause your facility to be charged for equipment or other materials directly from Senso. |
| 6. | Ensure probes and/or equipment is certified, calibrated annually.
A. Calibration of SensoScientific probes must be done by creating a Help Ticket online within the cloud portal annually. |
| 7. | Provide the Utah Immunization Program with annual probe Calibration Certificates within 2 week of replacement. |
| 8. | Return of all SensoScientific equipment on the request of the Utah Immunization Program or within 2 weeks of termination of participation in publically-funded programs. Failure to return equipment will be considered theft and may lead to criminal prosecution by the UDHHS. |
| 9. | Any/all programing or reprograming for state-supplied equipment must be performed by the Utah Immunization Program Staff. |
| 10. | Any/all performance issues with SensoScientific must be reported. Troubleshooting and repair will be handled by the Utah Immunization Program Staff to ensure equipment is working properly. |
| 11. | Facility may be held financially responsible for damaged, stolen, misplaced, vandalized, etc. equipment that was provided by The Utah Immunization Program. If equipment is found to be mishandled and damaged due to negligence, facility agrees to reimburse the Utah Immunization Program at the current cost for a replacement device. |

By signing this, form, I certify on behalf of myself and all staff in this facility, I have read and agree to the SensoScientific equipment commitment listed above and understand I am accountable for compliance with these conditions.

I attest the information is correct and true. I agree to comply with all policies and standards as listed in Provider Agreements, Certificate to Store and other related documents.

Medical Director or Equivalent Name (print):

Signature:

Date:

B. FACILITY OWNED DIGITAL DATA LOGGER EQUIPMENT INFORMATION

(COMPLETE SECTION B FOR FACILITY OWNED DATA LOGGER EQUIPMENT ONLY, INCLUDING BACKUP DATA LOGGERS)

For each unit that stores publically funded vaccine, list the following information:

UNIT - Fridge/Freezer monitored

Calibration Date - date calibrated

Data Logger Manufacturer:

Data Logger Manufacturer Contact Information (phone/email):

Calibration Company (if different from Manufacturer):

Calibration Company Telephone:

UNIT (Fridge/Freezer)	Calibration/Expiration Date	UNIT (Fridge/Freezer)	Calibration/Expiration Date
1		6	
2		7	
3		8	
4		9	
5		10	

EQUIPMENT commitment

Healthcare Facility's Commitment

I agree to the following conditions on behalf of myself and all the staff associated with this health care delivery facility of which I am the medical director, facility director, or equivalent:

1. Ensure compliance with all Utah Immunization Program policies and standards, including Provider Agreement and Certificate to Store. If unable to meet policies and/or compliance standards, this agreement may be terminated.
2. Use of listed data logger equipment to monitor publically-funded vaccine storage units listed in the current Provider Agreement. This agreement must be updated annually.
3. Maintain the equipment in good repair and operating condition.
4. Ensure probes and/or equipment is certified, calibrated annually.
A. Ensure equipment and/or probes are calibrated annually through your facilities data loggers manufacturer.
5. Provide the Utah Immunization Program with annual probe Calibration Certificates within 2 week of replacement.

By signing this, form, I certify on behalf of myself and all staff in this facility, I have read and agree to the Healthcare Facility's Commitment listed above and understand I am accountable for compliance with these conditions.

I attest the information is correct and true. I agree to comply with all policies and standards as listed in Provider Agreements, Certificate to Store and other related documents.

Medical Director or Equivalent Name (print):

Signature:	Date:
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This record is to be submitted to and kept on file with the Utah Department of Health and Human Services, Utah Immunization Program.

A copy of this completed document is considered the same as the original.

Send emailed form to: vacteam@utah.gov

Utah Immunization Program Use Only	Date Received: _____
Approved By: _____	Date: _____