

Facility Data Logger Equipment Commitment

| FACILITY INFORMATION (All information is required) | | | |
|----------------------------------------------------|--------|-----------|---------------|
| Facility Name: | | | Facility Pin: |
| Facility Address: | | | USIS ID: |
| City: | State: | Zip Code: | |
| Telephone: | Fax: | | |
| Mailing Address (if different) : | | | |
| City: | State: | Zip Code: | |

| FACILITY CONTACTS | |
|-------------------------------------|--------|
| Facility Primary Contact | |
| Name: | |
| Telephone: | Email: |
| Facility IT Contact (if applicable) | |
| Name: | |
| Telephone: | Email: |

| DIGITAL DATA LOGGER INFORMATION | | |
|--------------------------------------------------------------------------------------------------------------|-----|----|
| Does facility use SensoScientific data loggers provided by Utah Immunization Program (UIP)? | | |
| If Yes - Fill in section A & B, review <u>commitment sections</u> and have Medical Director/Equivalent sign. | Yes | No |
| If No - Fill in Section B & C, review <u>commitment sections</u> and have Medical Director/Equivalent sign. | | |

| A UIP SUPPLIED SENSOSCIENTIFIC EQUIPMENT INFORMATION | |
|----------------------------------------------------------------------------------------------------------------------------|--|
| COMPLETE SECTION A IF USING SENSOSCIENTIFIC EQUIPMENT PROVIDED BY UIP ONLY | |

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

| | MAC ID* | Node ID** | UNIT | | SRS | SRS |
|----|---------|-----------|--------|---------|---------------------------|------------------------------|
| | | | Fridge | Freezer | Probe Number ⁺ | Expiration Date ⁺ |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

* MAC ID: Found on back, below barcode for Enterprise models or on the display for OTA models

** Node ID - Found on SensoScientific cloud under "Group"

⁺ SRS Probe Number & Expiration Date - Found on the blue tag attached to the probe

B **BACKUP DATA LOGGER EQUIPMENT INFORMATION**
COMPLETE SECTION B FOR FACILITY OWNED BACKUP DATA LOGGERS- *BASED ON PROGRAM REQUIREMENT

Data Logger Manufacturer:

Manufacturer Contact Phone: Manufacturer Contact Email:

Calibration Company (if different): Calibration Company Telephone:

Facilities are required to have **one backup logger to be compliant, a **minimum of one backup data logger must be listed**. If your facility has multiple backup data loggers, though not required, you can provide information for all. Please list the following information:*

| | Data Logger Name | Calibration Date | Expiration Date |
|----|------------------|------------------|-----------------|
| *1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

C **FACILITY OWNED DIGITAL DATA LOGGER EQUIPMENT INFORMATION**
COMPLETE SECTION C TO PROVIDE ADDITIONAL FACILITY OWNED DATA LOGGER EQUIPMENT

Data Logger Manufacturer:

Manufacturer Contact Phone: Manufacturer Contact Email:

Calibration Company (if different): Calibration Company Telephone:

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

| | UNIT Name | UNIT | | | Calibration Date | Expiration Date |
|----|-----------|--------|---------|-----|------------------|-----------------|
| | | Fridge | Freezer | ULT | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

Utah Immunization Program Commitment

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

1. If needed, UIP can provide one (1) SensoScientific node and probe per storage unit listed on the current Provider Agreement(s) that stores publically-funded vaccine, *excluding COVID-19 vaccine and Flu only providers*.
2. UIP provides facilities access to SensoScientific 24/7 monitoring.
3. Facilities using UIP provided dataloggers access the SensoScientific cloud (<https://cloud.sensoscientific.com>).
4. UIP provides trainings and educational support; including use and troubleshooting of UIP dataloggers (SensoScientific equipment), cloud access and monitoring, and managing excursions.
5. UIP will install SensoScientific node(s) and facility user access setup; as well as yearly account review to monitor staff access.
6. UIP is the first contact for continued support and troubleshooting of the SensoScientific node(s), including but not limited to, Wi-Fi access points updates.

Healthcare Facility 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:

For data loggers provided by UIP:

1. Ensure compliance with all UIP policies and standards, including Provider Agreement(s) and Certificate to Store. If unable to meet policies and/or compliance standards, this agreement may be terminated.
2. Use equipment provided for monitoring publically-funded vaccine storage units listed in the current Provider Agreement. In the event provided equipment cannot be installed or fails, healthcare facility agrees to purchase and maintain data loggers that meet federal requirements.
3. Maintain UIP provided 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 this facility to replace/repair.
4. Maintain AA batteries in good working condition. AA Batteries will not be provided by UIP.
5. Contact UIP directly for any state supplied dataloggers troubleshooting and equipment issues.
A. Contacting SensoScientific directly to assist in troubleshooting may cause your facility to be charged for equipment or other materials directly from SensoScientific.
6. Ensure probes and/or equipment are certified, calibrated annually.
A. UIP supplied data logger probes are requested annually by emailing vateam@utah.gov.
7. Provide UIP with annual Certificates of Calibration within 2 week of replacement.
8. Return of all UIP supplied equipment (SensoScientific) on the request of UIP 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 programming or reprogramming for UIP equipment must be performed by UIP or authorized designee.
10. Any/all performance issues with UIP dataloggers (SensoScientific) must be reported. Troubleshooting and repair will be handled by UIP or authorized designee to ensure equipment is working properly.
11. Facility may be held financially responsible for damaged, stolen, misplaced, vandalized, etc. equipment that was provided by UIP. If equipment is found to be mishandled and damaged due to negligence, facility agrees to reimburse UIP at the current cost for a replacement device.
12. This agreement must be updated annually, with any changes to equipment or upon request of UIP.

For data loggers purchased by the healthcare facility to monitor publicly-funded vaccines:

1. Ensure compliance with all UIP policies and standards, including Provider Agreement(s) 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.
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 the data loggers manufacturer/calibration company.
5. Provide UIP with annual probe Calibration Certificates within 2 week of replacement.
6. This agreement must be updated annually, with any changes to equipment or upon request of UIP.

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 Commitment above and understand I am accountable for compliance with these conditions.

I attest the information listed above is correct and true. I agree to comply with all policies and standards as listed in Provider Agreement(s), Certificate to Store and other related documents with UIP.

Medical Director or Equivalent Name (print):

| | |
|------------|-------------|
| Title: | License No: |
| Signature: | Date: |

*This record is to be submitted to and kept on file with the UDHHS 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 Approved: _____ |