

Frozen Vaccine Inventory Issue/Return Receipt Off-site Immunization Clinic (Celsius)

Site/Clinic Name: _____

Date: _____

*I assume responsibility of all products listed below and acknowledge that I must ensure that all vaccine that I am taking off-site will be maintained at the required temperature range of **-50°C and -15°C** for the duration of the immunization event, to include transport. I am also aware that I am required to check the temperature(s) of the mobile transport container(s) a minimum of every hour while off-site.*

Time & Temp at departure:

Name/Signature of Gaining staff: _____

| Brand Name, NDC, and Manufacturer (Add this information if item is not listed in drop-down menu) | Lot # | Date Removed | # Doses Removed | Cost Removed | Date Returned | # Doses Returned | Cost Returned |
|---|-------|--------------|-----------------|--------------|---------------|------------------|---------------|
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| | | | | | | | |
| TOTAL | | | | | | | |

Time & Temp at return:

Name/Signature of Returning staff: _____

***Use the temp chart to document mobile transport container(s) temperatures a minimum of every hour during the off-site event. The total time for transport to and from the off-site and the immunization event should be no longer than 8 hours.*

| Off-site hour # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|
| Staff Initials | | | | | | | | | | | | | | | |
| Exact Time | | | | | | | | | | | | | | | |
| °C Temp | Danger! Temps above -15°C are too warm! Write any out-of-range temps and room temp on the lines below. | | | | | | | | | | | | | | |
| -15°C | | | | | | | | | | | | | | | |
| -16°C | | | | | | | | | | | | | | | |
| -17°C | | | | | | | | | | | | | | | |
| -18°C | | | | | | | | | | | | | | | |
| -19°C | | | | | | | | | | | | | | | |
| -20°C | | | | | | | | | | | | | | | |
| -21°C | | | | | | | | | | | | | | | |
| -22°C | | | | | | | | | | | | | | | |
| -50°C to -22°C | | | | | | | | | | | | | | | |
| Write any out-of-range temps (above -15°C or below -50°C) here. | | | | | | | | | | | | | | | |
| Room Temp | | | | | | | | | | | | | | | |

Comments: