

## Vaccine Inventory Issue/Return Receipt Off-site Immunization Clinic (Fahrenheit)

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 **36°F to 46°F** 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
<b>TOTAL</b>							

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															
Room Temp.															
Exact Time															
°F Temp.	<b>Take immediate <span style="color: red;">corrective</span> action if temperature is in shaded section</b>														
<b>≥48°F</b>															
<b>47°F</b>															
<b>46°F</b>															
<b>45°F</b>															
<b>44°F</b>															
<b>43°F</b>															
<b>42°F</b>															
<b>41°F</b>															
<b>40°F</b>															
<b>39°F</b>															
<b>38°F</b>															
<b>37°F</b>															
<b>36°F</b>															
<b>35°F</b>															
<b>≤34°F</b>															
	<b>Take immediate <span style="color: red;">corrective</span> action if temperature is in shaded section</b>														

Comments: