

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
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: