

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

1. SITE/CLINIC NAME:	2. DATE: (YYYYMMDD)
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*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 **2°C to 8°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.*

3. TIME AND TEMP AT DEPARTURE:	4. NAME/SIGNATURE OF GAINING STAFF:
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5. BRAND NAME, NDC AND MANUFACTURER <small>(Add this information if item is not listed in drop-down menu)</small>	Lot #	Date Removed	# Doses Removed	Cost Removed	Date Returned	# Doses Returned	Cost Returned
TOTAL							

****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															
°C Temp.	Take immediate corrective action if temperature is in shaded section														
≥11°C															
10°C															
9°C															
8°C															
7°C															
6°C															
5°C															
4°C															
3°C															
2°C															
1°C															
0°C															
≤-1°C															

6. TIME AND TEMP AT RETURN:	7. NAME/SIGNATURE OF RETURNING STAFF:
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8. COMMENTS: