

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

1. SITE/CLINIC NAME:

2. DATE: (YYYYMMDD)

*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.*

3. TIME AND TEMP AT DEPARTURE:

4. NAME/SIGNATURE OF GAINING STAFF:

5. 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**

*\*\*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>															

6. TIME AND TEMP AT RETURN:

7. NAME/SIGNATURE OF RETURNING STAFF:

8. COMMENTS: