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

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 between the required temperature range of **-50°C to -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.*

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
(SELECT FROM DROP-DOWN OR ENTER REQUIRED INFORMATION)				$0.00			$0.00
TOTAL				$0.00			$0.00

***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.	**Danger! Temps above -15C are too warm! Write any out-of-range temps on the line below.**														
-15°C															
-16°C															
-17°C															
-18°C															
-19°C															
-20°C															
-21°C															
-22°C															
-23°C															
-24°C															
-25°C															
-50°C to -26°C															
Write any out-of-range temps (above -15°C or below -50°C) here.															

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

8. COMMENTS:

Reset Form