	Va	ccine In	ventory	y Issue/I	Returi	n Receipt	Off-site	Immu	niza	tion Clini	ic (Fahrenl	neit)				
1. SITE/CLINIC NAME:										2. DATE: (YYYYMMDD)						
l assume responsibility of	f all produ	ucts listed	l below a	nd ackno	wledge	that I musi	t ensure th	nat all va	ccine	e that I am	taking off-sit	e will be	mainta	ined at t	he	
required temperature ran temperature(s) of the mo	nge of <u>36</u>	°F to 46°	F for the o	duration	of the ir	mmunizatio	on event, i	to includ								
3. TIME AND TEMP AT DEPARTURE:						4. NAME/SIGNATURE OF GAINING STAFF:										
5. BRAND NAME, NDC, /		NUFACTI	JRFR					Da	te	# Doses	Cost	Date	e #[Doses	Cost	
(Add this information	nu)		Lot #			Removed	Removed	Return		turned	Returned					
						TOTAL										
**Use the temp chart to a	locumen	t mobile i	transport	containe	r(s) ten	nperatures	a minimu	m of eve	ry ho	ur during t	he off-site ev	ent. The	total tir	ne for tra	ansport to	
and from the off-site and		unizatior														
Off-site hour #	1	2	3	4	5	6	7	8	9	9 10	11	12	13	14	15	
Staff Initials						_										
Room Temp.						_										
Exact Time	_										<u> </u>					
°F Temp.				ake imi	nedia	te correc	tive acti	on if te	empo	erature is	s in shaded	l sectio	on			
≥48°F 47°F																
46°F																
45°F																
44°F														-	-	
43°F																
42°F														-		
41°F														_		
40°F														1	-	
39°F																
38°F																
37°F																
36°F																
35°F																
≤34°F																
6. TIME AND TEMP AT R	ETURN:					7. NAME/S	SIGNATU	RE OF RE	TURI	NING STAF	F:					
8. COMMENTS:																