

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.	Take immediate corrective action if temperature is in shaded section														
≥48°F															
47°F															
46°F															
45°F															
44°F															
43°F															
42°F															
41°F															
40°F															
39°F															
38°F															
37°F															
36°F															
35°F															
≤34°F															

6. TIME AND TEMP AT RETURN:

7. NAME/SIGNATURE OF RETURNING STAFF:

8. COMMENTS: