

Frozen 317 Vaccine Transport Log

Date: _____

Instructions: Complete this log when transporting vaccines to an alternate or back-up freezer.

Provider Name: _____

PIN: _____

Transferred to: _____

PIN: _____

Vaccine transferred due to: Power outage Excess supply Short dated Unit malfunction Building maintenance Other _____

Vaccine Inventory Information

Vaccine (MMR, MMR-V, Varicella, Zoster)	Lot Number	Number of Doses	Expiration Date	Vaccine previously exposed to out-of-range temperatures and as a result short-dated? (Yes/No)	If yes, shortened expiration date

Temperature Monitoring Information

Temperature of vaccine in freezer prior to transfer: _____ C/F _____ Time: _____

Temperature of vaccine in cooler before departure: _____ C/F _____ Time: _____

Temperature of vaccine in cooler upon arrival: _____ C/F _____ Time: _____

Temperature of back-up freezer: _____ C/F _____ Time: _____

Contact the VFC Program (877-243-8832) if temperatures during transport exceed recommended ranges.

Total Transport time: _____ **Min/Hr**