



# VACCINE FOR CHILDREN (VFC) PROGRAM

## Frozen Vaccine Transport Log

Date: \_\_\_\_\_

Instructions: Complete this log when transporting vaccines to your alternate vaccine storage location.

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, MMRV, 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 alternate vaccine storage unit: \_\_\_\_\_ C/F \_\_\_\_\_ Time: \_\_\_\_\_

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

Total Transport time: \_\_\_\_\_ Min/Hr