VACCINE FOR CHILDREN (VFC) PROGRAM
Frozen Vaccine Transport Log

VACCINES for CHILDREN CALIFORNIA VFC

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**