

COVID-19 Vaccine Transport Log

DDL # _____

Complete this log each time vaccines are transported. Total transport time (include clinic workday if vaccines are stored in transport container) should be up to 8 hours or follow manufacturer's guidance. Transport time counts towards manufacturer refrigerator limits. See [Transporting Vaccines](#). **Call Center: (833) 502-1245**

Provider Name: _____ COVID-19 PIN: _____ Transport Date: _____
 Transported to: _____ COVID-19 PIN: _____

Transport Reason: Redistribution Transfer Excess supply Power outage Unit malfunction Short-dated doses Temporary/satellite/off-site Other

Manufacturer	Lot Number	Beyond Use or Expiration Date	Number of Doses/Vials	Doses Previously Transported	Refrigerated (R) Frozen (F) ULT	Shipper Last Re-iced
				Y N	R F ULT	
				Y N	R F ULT	
				Y N	R F ULT	
				Y N	R F ULT	
				Y N	R F ULT	
				Y N	R F ULT	
				Y N	R F ULT	
				Y N	R F ULT	
				Y N	R F ULT	
				Y N	R F ULT	

Storage Unit Temperatures		Time	Transport Container Temperatures				Time
Primary unit before departure:	°C or °F		Before departure:	Current:	Min:	Max:	°C or °F
Destination unit upon arrival:	°C or °F		Upon arrival:	Current:	Min:	Max:	°C or °F

Report all temperature excursions and incident resolution. **Total transport time (include time vaccines are stored in transport container):** _____

Chain of Custody Signatures

Courier Printed Name: _____ Signature: _____ Date/Time Received: _____ Return Date/Time: _____
 Receiving Party/POC: _____ Signature: _____ Date/Time Received: _____

Notes: