							VACCINES for CHILDREN C A L I F O R N I A	
	VACCINE FOR CHILDREN (VFC) PROGRAM Refrigerated Vaccine Transport Log				Date:		VIC */	
	Instructions: Complete this log w	tructions: Complete this log when transporting vaccines to your alternate vaccine storage location.						
	Provider Name:		PIN:					
	Transferred to:			PIN:				
	Vaccine transferred due to: D	ower outage 🛛 Excess supply	□ Short dated	□ Unit malfun	ction D Building maintenance	□ Other		
	Vaccine Inventory Information							
	Vaccine	Lot Number	Number of Doses	Expiration Date	Vaccine previously transported? (Yes/No)	Comments		
	Temperature Monitoring Information							
	Temperature of vaccine in refrigerator prior to transfer:				Time:			
	Temperature of vaccine in cooler before departure:				Time:			
	Temperature of vaccine in cooler upon arrival:				Time:			
	Temperature of alternate vaccine storage unit:				Time:			
Contact the VFC Call Center at (877-243-8832) if temperatures during transport Total Transport time: exceed recommended ranges.						Min/Hr		