	Froz	en Vac	cine Inv	entory	Issue/R	eturn	Receipt C	ff-site	lmn	nun	ization	Clinic (C	:elsius)				
1. SITE/CLINIC NAME:					2. DA	2. DATE: (YYYYMMDD)											
I assume responsibility of required temperature ran temperature(s) of the mo	nge of <u>-50</u> bile trans	°C to -1 : port con	5°C for the	e duratio	n of the i	mmuni	zation even while off-si	t, to incl te.	ude t	rans	port. I a	m also aw					
3. TIME AND TEMP AT DI	EFANTON	ıc.					4. NAME/S	SIGNATO	JKE	JF G	AINING	STAFF:					
5. BRAND NAME, NDC AND MANUFACTURER (Add this information if item is not listed in drop-down menu)								Lot # Da Remo		# Doses Removed		Cost Removed			# Doses Returned		ost urned
						TOTA	L										
**Use the temp chart to d and from the off-site and								n of eve	ry ho	ur di	uring the	e off-site ev	rent. The	total ti	me for t	ransp	ort to
Off-site hour #	1	2	3	4	5	6	7	8	-	9	10	11	12	13	14	ŀ	15
Staff Initials																	
Room Temp.																	
Exact Time	_		<u> </u>			<u> </u>											
°C Temp.	Dange	r! Temp	os above	e -15C a	re too	warm!	Write an	y out-o	of-ra	nge	temps	on the I	ine bel	ow.			
-15°C									+								
-16°C						-			-								
-17°C -18°C						-			+								
-18°C						-			+								
-19 C -20°C						1			+								
-20°C						1			+			1					
-21°C						+			+								
-22°C			1			+									+		
-23°C			+			+									+		
-25°C						+			+								
-50°C to -26°C						-											
Write any out-of-range temps (above -15°C or below -50°C) here.																	
6. TIME AND TEMP AT RE	TURN:						7. NAME/S	IGNATU	JRE C)F RE	ETURNIN	IG STAFF:					
8. COMMENTS:																	