	V	accine	Invento	ory Issue	e/Retur	n Rece	ipt Off-si	te Imm	uni	zatio	on Clin	ic (Celsiu	is)			
1. SITE/CLINIC NAME:						2. DATE: (YYYYMMDD)										
assume responsibility of required temperature ran temperature(s) of the mol	ge of <u>2°</u>	C to 8°C fo	or the dui	ration of a	the immu	nizatio	n event, to	include tr								
3. TIME AND TEMP AT DE		4. NAME/SIGNATURE OF GAINING STAFF:														
5. BRAND NAME, NDC AND MANUFACTURER (Add this information if item is not listed in drop-down menu)									Date Removed		oses loved	Cost Removed			oses irned	Cost Returned
						ΤΟΤΑΙ										
**Use the temp chart to d	ocumon	t mobile t	ranchort	containa				mofover	who	ur di	uring the	off cite ou	ont That	otaltin	o for tra	
and from the off-site and	the imm	unization	event sh	ould be n	no longer	than 8 h	nours.	n or ever	y 110	urut	inng the	e on-sile ev	ent. me t	otartin	ie ioi tiu	Tisport to
Off-site hour #	1	2	3	4	5	6	7	8		9 10		11	12 13		14	15
Staff Initials																
Room Temp.																
Exact Time																
°C Temp.			Т	ake imi	mediate	e corre	ctive act	ion if te	mp	erat	ture is i	in shadeo	d sectio	ו		
≥11°C																
10°C 9°C																
8°C																4
<u> </u>																
6°C																
5°C																
4°C																
3°C																
2°C																
1°C																
0°C																
≤-1°C																
6. TIME AND TEMP AT RE	TURN:						7. NAME/S	IGNATUF	re o	of Re	TURNIN	G STAFF:				
8. COMMENTS:																