

Vaccines for Children (VFC) Program

Freezer Vaccine Transport Log



Instructions: Complete this log when transporting vaccines to an alternate or back-up freezer.

Date: _____

Provider Name: _____ VFC PIN: _____

Transferred To: _____ VFC PIN: _____

Vaccines Transferred Due To: Power Outage Excess Supply Short Dated Unit Malfunction Building Maintenance Other: _____

Vaccine Inventory Information – may also attach most recent reconciliation report from TennIS.

Vaccine	Lot Number	Number of Doses	Expiration Date	Vaccine Previously Transported? (Yes/No)	Comments

Temperature Monitoring Information

Temperature of vaccine in freezer prior to transfer: _____ Celsius/Fahrenheit: _____ Time: _____

Temperature of vaccine in cooler before departure: _____ Celsius/Fahrenheit: _____ Time: _____

Temperature of vaccine in cooler upon arrival: _____ Celsius/Fahrenheit: _____ Time: _____

Temperature of back-up freezer: _____ Celsius/Fahrenheit: _____ Time: _____

Contact the VFC Program (800-404-3006) if temperatures during transport exceed recommended ranges. **Total Transport Time:** _____ Min/Hr