

Date:	
Delivery/Clinic Location:	
Cooler/CC/PF:	

## **VACCINE DELIVERY TRANSPORTATION**

Vaccine/Diluent	Lot #(s)	Doses Dispensed	Total # of Vials	Initials

Vaccine Delivery Temperature Log					
	Time	Current Temp (°C)	Initials		
Vaccine Departure					
Arrival to Vaccine Storage Location					
Total Transportation Time					

Name (Printed)	Initials	Designation