

Date:	
Clinic Location:	
Cooler/Freezer/Fridge:	

## VIAL AND DOSE TRACKER LOG

Vial #	Vaccine	Lot #	Time Removed from Cooler/Freezer/ Fridge	Time Punctured	# Dose(s) Reported	Extra Dose(s)	Initials
TOTAL:							

Name (Printed)	Initials	Designation