



VIAL AND DOSE TRACKER LOG

Date:
Clinic Location:
Cooler/Credo Cube#:

Vial #	Lot #	Time Removed from Cooler/Fridge	Time to Puncture	Time Punctured	Vial dispensed to (Facility Staff Name)	# Dose(s) Reported	Pooled Extra Doses (up to 3 vials)	PHN Initials

Name (Printed)	Initials		Designation



Renfrew County and District Health Unit
"Optimal Health for All in Renfrew County and District"

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