

INITIAL RECEIPT OF COVID-19 VACCINE					
Product:					
Quantity Received:					
Lot Number(s) & Expiry Date	Lot #:	Expiry:			
Date & Time Received:					
Shipping ID #:					
Entered Into Freezer	Quantity:	Freezer #:			
Linered iiilo freezer	Quality.	Shelf #:			
Entorod Into Eridgo	Quantity	Fridge #:			
Entered Into Fridge	Quantity:	Shelf #:			
	1)				
Staff Signatures (2):					
	2)				

INVENTORY
Quantity Received

VACCINE: Pfizer Monovalent		BALANCE FORWARD			
101#				Fridge	Freezer + Fridge
LOT #:	EXPIRY DATE:				
TRANSFER DETAILS	Total Doses OUT	Total Doses	Balance FREEZER	Balance FRIDGE	Total Remaining FREEZER + FRIDGE
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		

VACCINE: Pfizer Bivalent		BALANCE FORWARD			
LOT #:	EXPIRY DATE:		Freezer	Fridge	Freezer + Fridge
				-	
TRANSFER DETAILS	Total Doses OUT	Total Doses IN	Balance FREEZER	Balance FRIDGE	Total Remaining FREEZER + FRIDGE
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		

VACCINE: Pfizer Pediatric		BALANCE FORWARD			
LOT #:	EVDIDV DATE.			Fridge	Freezer + Fridge
LOI #	EXPIRY DATE:				
TRANSFER DETAILS	Total Doses OUT	Total Doses	Balance FREEZER	Balance FRIDGE	Total Remaining FREEZER + FRIDGE
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		

VACCINE: Pfizer Pediatric Bivalent		BALANCE FORWARD			
			Freezer	Fridge	Freezer + Fridge
LOT #:	EXPIRY DATE:				
TRANSFER DETAILS	Total Doses OUT	Total Doses	Balance FREEZER	Balance FRIDGE	Total Remaining FREEZER + FRIDGE
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		

VACCINE: Pfizer Infant		BALANCE FORWARD			
LOT #:	EXPIRY DATE:		Freezer	Fridge	Freezer + Fridge
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TRANSFER DETAILS	Total Doses OUT	Total Doses	Balance FREEZER	Balance FRIDGE	Total Remaining FREEZER + FRIDGE
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #1		
Date: Initials:			Freezer #2		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		

VACCINE: Moderna Monovalent		BALANCE FORWARD			
LOT #:	EVDIDV DATE.		Freezer	Fridge	Freezer + Fridge
LOI #	EXPIRY DATE:				
TRANSFER DETAILS	Total Doses OUT	Total Doses	Balance FREEZER	Balance FRIDGE	Total Remaining FREEZER + FRIDGE
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		

VACCINE: Moderna Bivalent BA 1			BALANCE FORWARD		
LOT #.			Freezer	Fridge	Freezer + Fridge
LOT #:	EXPIRY DATE:				
TRANSFER DETAILS	Total Doses OUT	Total Doses IN	Balance FREEZER	Balance FRIDGE	Total Remaining FREEZER + FRIDGE
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		

VACCINE: Moderna Infant		BALANCE FORWARD			
			Freezer	Fridge	Freezer + Fridge
LOT #:	EXPIRY DATE:				
TRANSFER DETAILS	Total Doses OUT	Total Doses	Balance FREEZER	Balance FRIDGE	Total Remaining FREEZER + FRIDGE
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		

VACCIN	BALANCE FORWARD		
LOT #:	EXPIRY DATE:		Fridge
TRANSFER DETAILS	Total Doses OUT	Total Doses IN	FRIDGE
From:			
То:			
Date: Initials:			
From:			
То:			
Date:			
Initials:			
From:			
То:			
Date:			
Initials:			
From:			
То:			
Date:			
Initials:			
From:			
To:			
Date:			
Initials:			
From:			
To:			
Date:			
Initials:			

VACCINE: Moderna Bivalent BA 4/5			BALANCE FORWARD		
LOT #.				Fridge	Freezer + Fridge
LOT #:	EXPIRY DATE:				
TRANSFER DETAILS	Total Doses OUT	Total Doses	Balance FREEZER	Balance FRIDGE	Total Remaining FREEZER + FRIDGE
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		
From: To:			Freezer #2		
Date: Initials:			Freezer #1		