COVID-19 Vaccine Transport Log

DDL#	

Complete this log each ti hours or follow manufact									
Provider Name: Transported to:				myCAvax ID: Tr			ransport Date:		
Transport Reason: Red	stribution Transfer	□ Excess su	upply 🗆 Powe	er outage Unit mal	function Short-date	ed doses 🗆 Te	mporary/satellite/off-	site Other	
Manufacturer	Lot Number	Lot Number Beyon Expirat		Number of Doses/Vials	Doses Previously Transported	Refrigerat	Shipper Last Re-iced		
					Y N	R	F ULT		
					Y N	R	F ULT		
					Y N	R	F ULT		
					Y N	R	F ULT		
					Y N	R	F ULT		
					Y N	R	F ULT		
					Y N	R	F ULT		
					Y N	R	F ULT		
					Y N	R	F ULT		
					Y N	R	F ULT		
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Storage Unit Temperatures Time		Time	Before departure: Current: Min: Max: °C or °F				Time		
Primary unit before depa		°C or °F		-		Min:			
Destination unit upon ar		°C or °F		Upon arrival:		Min:	Max: °C or °	TF	
Report all temperature exc		esolution.	Tota	I transport time (inc	lude time vaccines a	re stored in tr	ansport container): _		
Chain of Custody Signature	es								
Courier Printed Name: Signature: Receiving Party/POC: Signature:									
Notes:		Signatu	re:	l	Date/Time Received:		_		