**Vaccines for Children (VFC) Program**

**Freezer Vaccine Transport Log**

*Instructions:* Complete this log when transporting vaccines to an alternate or back-up freezer.

**Date:**

**Provider Name:**

**VFC PIN:**

**Transferred To:**

**VFC PIN:**

**Vaccines Transferred Due To:**

- Power Outage
- Excess Supply
- Short Dated
- Unit Malfunction
- Building Maintenance
- Other: ________________

### Vaccine Inventory Information

- **Vaccine**
- **Lot Number**
- **Number of Doses**
- **Expiration Date**
- **Vaccine Previously Transported? (Yes/No)**
- **Comments**

### Temperature Monitoring Information

- **Temperature of vaccine in freezer prior to transfer:** ________________ Celsius/Fahrenheit: ____________ Time: ________________
- **Temperature of vaccine in cooler before departure:** ________________ Celsius/Fahrenheit: ____________ Time: ________________
- **Temperature of vaccine in cooler upon arrival:** ________________ Celsius/Fahrenheit: ____________ Time: ________________
- **Temperature of back-up freezer:** ________________ Celsius/Fahrenheit: ____________ Time: ________________

Contact the VFC Program (800-404-3006) if temperatures during transport exceed recommended ranges.

**Total Transport Time:** ________________ Min/Hr