

COVID-19 Vaccine Shipment Form

Shipment Date:	Premises Name:	Koolatron #:
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1. Vaccine Inventory Documentation

Completed by Public Health Staff				
Vaccine Name: (Choose one)	<input type="checkbox"/> (12+) Pfizer-BioNTech (Comirnaty)	<input type="checkbox"/> Moderna (Spikevax)	<input type="checkbox"/> (5-11) Pfizer-BioNTech (Comirnaty)	
	<input type="checkbox"/> Other: _____ <small>(specify vaccine name)</small>			
Vaccine			Diluent (if applicable)	
Lot #:	Expiry Date:	Number of vials:	Lot #:	Number of vials:
USE BY DATE & TIME:		Initials:	Expiry Date:	Initials:

2. Vaccine Transportation Log

Section A: (Completed by Courier)

Courier Name		Courier Signature	
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Section B: Vaccine Pick-up Details - (Completed by Public Health Staff)

Staff Packing Vaccine	Name:	Initials:
Pick up Date and Time	Date:	Time:
Koolatron® Temperature	Current: _____°C Min: _____°C Max: _____°C	

Section C: Vaccine Delivery Details - (Completed by Staff Receiving the Vaccine)

Staff Confirming Vaccine Receipt	Name:	Initials:
Date and Time of Vaccine Receipt	Date:	Time:
Koolatron® Temperature upon arrival	Current: _____°C Min: _____°C Max: _____°C	

3. Cold Chain Management - Tracking Time in Transit (Completed by Staff Receiving the Vaccine)

Time of Courier pick up at HRC to Clinic:	HH:MM	Time of Courier Arrival to Clinic:	HH:MM	
Existing Transit Time (in minutes)		Transit Time from HRC to clinic (in minutes)		Total Transit Time (in minutes, cumulative)
Initials (Public Health Staff)		Initials (Receiving Staff)		Initials (Receiving Staff)

Note: All times are cumulative. Time in refrigeration starts when vaccine is removed from the freezer.

12+ Pfizer: Total time in transit must not exceed 12 hours
Moderna: Total time in transit must not exceed 12 hours
5 to 11 Pfizer: no limit for time in transit

Signature Key

Printed Name	Signature	Initials