

Vaccine Inventory Control Log

DATE: _____



Strengthening the Vaccine Provider Network

VACCINE	NUMBER OF DOSES RECEIVED	DATE RECEIVED	CONDITION ON ARRIVAL OK?*		IF NO, ACTIONS TAKEN	MANUFACTURER	LOT NUMBER	EXP. DATE
Vaccine name	1	08/24/19	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Actions taken	Manufacturer	12	12/2021
			<input type="checkbox"/> YES	<input type="checkbox"/> NO				
			<input type="checkbox"/> YES	<input type="checkbox"/> NO				
			<input type="checkbox"/> YES	<input type="checkbox"/> NO				
			<input type="checkbox"/> YES	<input type="checkbox"/> NO				
			<input type="checkbox"/> YES	<input type="checkbox"/> NO				
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			<input type="checkbox"/> YES	<input type="checkbox"/> NO				
			<input type="checkbox"/> YES	<input type="checkbox"/> NO				
			<input type="checkbox"/> YES	<input type="checkbox"/> NO				

*If vaccines arrive too warm, too cold, or otherwise visibly damaged, contact the supplier or manufacturer for handling instructions.

Contact information for vaccine manufacturers may be found on the manufacturer’s website.

OTHER RESOURCES:

Local health dept ☞ _____ State health dept ☞ _____

Centers for Disease Control and Prevention (CDC). Hamborsky J, Kroger A, Wolfe S, eds. *Epidemiology and Prevention of Vaccine-Preventable Diseases*. 13th ed. Washington, DC: Public Health Foundation; 2015:Chapter 5.