COVID-19 Vaccine Inventory Log

SHELF-LIFE EXPIRY (FRIDGE ONLY): _____

Initial Receipt of COVID-19 Vaccine:

Product:		INVENTORY
Lot Number(s) & Expiry Date		**Quantity Remaining (14 doses/vial)**
RECEIVED (Date/Time):		**Doses:**
ENTERED INTO FRIDGE (Date/Time):		
Fridge # & Shelf #:		**Vials:**
Staff Signatures (2):		

COVID-19 Vaccine Distribution:

Quantity Removed (Date/Time):		**Quantity Removed**
Lot Number(s):		
Receiving Facility:		**Quantity Remaining**
Staff Signatures (2):		

Quantity Removed (Date/Time):		**Quantity Removed**
Lot Number(s):		
Receiving Facility:		**Quantity Remaining**
Staff Signatures (2):		

Quantity Removed (Date/Time):		**Quantity Removed**
Lot Number(s):		
Receiving Facility:		**Quantity Remaining**
Staff Signatures (2):		

COVID-19 Vaccine Inventory Log

COVID-19 Vaccine Distribution:

Quantity Removed (Date/Time):		**Quantity Removed**
Lot Number(s):		
Receiving Facility:		**Quantity Remaining**
Staff Signatures (2):		

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