

### COLD CHAIN INVENTORY FORM

Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_

Vaccine Name	# of Doses	Lot #	Expiry Date	Indicate if affected by previous Cold Chain Excursion
Adacel				
Adacel-Polio				
COVID-19 (List product name)				
Engerix B Adult				
Engerix B Pediatric				
Fluzone High Dose				
Fluzone Quadrivalent Pre-Filled Syringes				
Fluzone Quadrivalent Multi-Dose Vials (indicate if vial is punctured)				
FluLaval Quadrivalent Multi-Dose Vials (indicate if vial is punctured)				
Havrix Adult				
Havrix Pediatric				
Menjugate				
MMR II				
Neisvac-C				
Pediacel/Pentacel (indicate brand)				

Vaccine Name	# of Doses	Lot #	Expiry Date	Indicate if affected by previous Cold Chain Excursion
Pneumovax 23				
Prevnar 13				
Priorix				
Priorix Tetra				
ProQuad				
Recombivax Adult				
Recombivax Pediatric				
Rotarix				
Shingrix				
Td Adsorbed				
Tubersol (indicate if vial is punctured)				
Vaqta Adult				
Vaqta Pediatric				
Varilrix				
Varivax III				
Other:				