

**VACCINE COLD CHAIN SUMMARY SHEET**

**Clinic Name and Address**

**Date of Clinic:**  /  /  **Clinic location:**

**Vaccine storage facility fridge temperature prior to removal of vaccines**  
Current:  
Min:  
Max:

**Vaccine Storage Facility and vaccine fridge location:**  
(e.g. Hospital; Pathology; storeroom; fridge number 4)

<u>On arrival at clinic</u>	Cooler 1	Cooler 2	Cooler 3
	Current Min Max	Current Min Max	Current Min Max
<u>At break time (halfway through)</u>	Current Min Max	Current Min Max	Current Min Max
<u>At end of clinic</u>	Current Min Max	Current Min Max	Current Min Max

VACCINE TYPE & NUMBER(S) DISCARDED:

Emergency Equipment Checked

Emergency Response Sheet completed

Adrenaline expiry date

**Team Leader** \_\_\_\_\_ **Clinic Start Time**

**RNs** \_\_\_\_\_ **Clinic Finish Time**

(Name & signature) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_