**Site:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Site Manager(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLINIC SUMMARY** | |  | **HOURLY TEMPERATURE MONITORING**  ***Safe Vaccine Temperature Range: 35-46 Degrees F*** | | | | | | | | |
| **Vaccination Duration** | |  | Cooler ID #1: \_\_\_\_Thermometer ID #1: \_\_\_\_\_ Vaccine Arrival Time: \_\_\_\_\_ Temp: \_\_\_\_  Cooler ID #2: \_\_\_\_Thermometer ID #2: \_\_\_\_\_ Vaccine Arrival Time: \_\_\_\_\_ Temp: \_\_\_\_ | | | | | | | | |
| Setup Start Time: |  |  | *If excursion occurs,* ***CIRCLE*** *the temp then refer to Temperature Excursion Protocol* ***IMMEDIATELY.***  **Cooler 1 Cooler 2** | | | | | | | | |
| Vaccination Start Time: |  |  |
| Vaccination End Time: |  |  | **Time Stamp** | **CURRENT** | **MIN** | **MAX** |  | **Time Stamp** | **CURRENT** | **MIN** | **MAX** |
| Breakdown Complete: |  |  | 1. |  |  |  | 1. |  |  |  |
|  | |  | 2. |  |  |  | 2. |  |  |  |
| **Vaccinations** | |  | 3. |  |  |  | 3. |  |  |  |
| # IIV Students : |  |  | 4. |  |  |  | 4. |  |  |  |
| # LAIV Students: |  |  | 5. |  |  |  | 5. |  |  |  |
| # Adults: |  |  | 6. |  |  |  | 6. |  |  |  |
| Total Vaccinations: |  |  |  | | | | | | | | |
| Yes No | |  |  |  |  |  |  |  |  |  |  |
| **Banner take down?** |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Vaccine Type** | **Lot Number Sticker**  **(confirm that it matches vaccine)** | **Doses Received** | **Total Doses Given** | **Doses Wasted** | **Total Doses Returned** | **Verified** |
| Type #1 |  |  |  |  |  |  |
| Type #2 |  |  |  |  |  |  |

**Adverse Events:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Full Name | Phone # | Affiliated Organization | Time In | Time Out | Signature  Nurses sign with initials as they will appear on consent forms. | Role | Staff or Volunteer |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |