# **South Carolina COVID 19 Transport Log**



Complete this log when transporting vaccines to an alternate facility or monitoring temperatures during an approved vaccine event. Contact the ACC-Immunization Branch prior to transport at COVIDVACCINES@DHEC.SC.GOV

to transport at <u>sorr</u>	277.00720(27	<u></u>								
Vaccine Transfer										
Transfer Form Completed by:							٦	Fransport Date/ Time		
Transfer from Site	Name:							Pin:		
Transfer from Ac	ddress:									
Transfer to Site Name:								Pin:		
Transfer to Ad	ddress:									
Vaccine transferr	ed due to (cir	rcle one):								
Power outage	Power outage Excess supply		Unit malfunction	Redistri	bution	Other:				
Manufacturer		Vaccine	Beyond Use or Expira	ation	Lot		NDC		Number of doses	
Manaractarer		Vaccinc	Date				1100		riamber of doses	
Transport Information		Temperature			Type of Unit					
Temperature of refrigerator/freezer prior to transfer:				□ C'	° □ F				□ Freezer	
Temperature of vaccine in cooler before departure:				□ C° □ F°		_	☐ Transport Cooler			
Temperature of vaccine in cooler upon arrival:				□ C'	° □ F	° 🗆 Tra	□ Transport Cooler			
Temperature of refrigerator/freezer upon arrival:				□ C° □ F° □ Refr			rigerator 🗆 Freezer			
Total Time of Transp	ort (min/hour	•)				•				
		ito Transforring Vacc	ino		Signatu	ro from	Sito Pocoivi	ng Vaccine		

#### South Carolina COVID 19 Vaccine

### **Transport Log**

### Instructions for Completing

### Purpose:

The purpose of the COVID 19 Vaccine Transport Log is to record the transfer of the COVID 19 vaccine to another practice site under appropriate storage and handling conditions.

Transfer of COVID-19 vaccine requires pre-authorization by the ACC-Immunization Branch. The ACC-Immunization Branch can be reached at COVIDVACCINES @DHEC.SC.GOV

#### **Item-By-Item Instructions:**

- Provider will enter information for each vaccine being transferred including Manufacturer, Vaccine, Beyond Use or Expiration Date, Lot Number, NDC, and Number of Doses.
- 2. Transferring provider will enter identifying information about the provider's office from which the vaccine is being transferred. All information is required.
- 3. Enter Date, Time, and Temperature (indicate Centigrade or Fahrenheit) of refrigerator storage unit upon removal of vaccine for transfer.
- 4. Enter Date, Time, and Temperature (indicate Centigrade or Fahrenheit) of transport container before departure.
- 5. Receiving provider will enter identifying information about the provider's office to which the vaccine is being transferred. All information is required.
- 6. Enter Date, Time, and Temperature (indicate Centigrade or Fahrenheit) of transport container at end of transport.
- 7. Enter Date, Time, and Temperature (indicate Centigrade or Fahrenheit) of refrigerator storage unit upon receipt of vaccine.
- 8. Total time of transport is required.

## Office Mechanics and Filing:

1. The "Transferring" Provider must retain a copy of the form for (3) three years.

Records Retention Information: 15726

Record Group Number: 169 Retention: 3 years, destroy