Vaccines for Children (VFC) Program



Refrigerated Vaccine Transport Log
Complete this log when transferring vaccines to an alternate or back-up refrigerator, or when transporting to another provider/location Data Logger must accompany vaccines

Temperature log must be downloaded and saved when transfer is complete

Transfer I	nforma	ation								
FROM Provider Name:					VFC PIN:		Transfer in NMSIIS sent?	Yes	No	n/a*
TO Provider Name:					VFC PIN:		Transfer in NMSIIS rec'd?	Yes	No	n/a*
							*only when vaccine	es are no t	t going t	o another site
Transfer Reason Circle and add notes if necessary										
Power Outage	Excess	Supply	ply Short-dated Storage unit Building malfunction maintenance		_	Other/ Notes:				
Print and attacto transport; a	ch your o	n-hand ir cany vac	nventory from NMSI cine doses that hav	ve been previously	ne, and initi transported	ials of the	e staff member who verified to			unt prior
Date:		Name/s of individuals performing transport tasks below (print):					Serial number of data logger used:	<i></i>		
Vaccine counted Begin time and ter			Begin time and tem	p End time		d time and	and temp			Initials
Vaccine packed per <u>quidelines</u>			Begin time and temp			End time and temp				Initials
Vaccine transport			Begin time and tem	En	End time and temp				Initials	
Vaccine unpacked and stored			Begin time and tem	En	End time and temp				Initials	
Total Transpor	t Time:	Notes:	-				•			

If transport temperatures exceed recommended ranges, <i>immediately</i> notify your Regional contact/s at the VFC program:										
Metro Region	Northeast Region	Northwest Region	Southeast (a)	Southwest Region						
505-383-0153	505-476-2622	505-841-8929 ext. 115	575-746-9819 ext. 6818	575-528-5186						
505-383-0154	505-476-2643		Southeast (b)	575-528-5150						
505-841-5890			575-397-2463 ext. 6516							