

NAME OF VACCINATOR _____
SESSION SITE: _____

NAME OF FACILITY: _____
DATE OF SESSION: _____

UN-OPENED VIALS AND SYRINGES

ITEM		QUANTITY RECEIVED (IN DOSES)						QUANTITY RETURNED
SL NO	NAME OF ITEM	QUANTITY	MFD.	BATCH NO	EXPIRED	VVM	OPENING DATE & TIME (IF NEW VIAL IS OPENED)	QUANTITY (IN DOSES)
1	FIPV							
2	bOPV							
3	RVV							
4	PENTA							
5	PCV							
6	TD							
7	DPT							
8	JE							
9	HEP							
10	BCG							
11	BCG DILUENT							
12	MR							
13	MR DILUENT							

OTHER LOGISTIC IN PIECES

ITEMS	RECEIVED	RETURNED	ITEMS	RECEIVED	RETURNED	ITEMS	RECEIVED	RETURNED
0.1 ML SYRINGES			0.5 ML SYRINGES			5 ML SYRINGES		
OPV DROPPER			BLACK BAG			RED BAG		
RVV DROPPER								

OPENED VACCINE VIALS

		RECEIVED						RETURNED
SL NO	NAME OF ITEM	QUANTITY (IN VIALS)	MFD	BATCH NO	EXPIRED	VVM	DATE & TIME OF OPENING	QUANTITY (IN VIALS)
1	FIPV							
2	bOPV							
3	RVV							
4	PENTA							
5	PCV							
6	TD							
7	DPT							
8	JE							
9	HEP							

RECEIVING DETAILS

Name and designation of person delivering the stock to the session site

Transport modality (AVD/self collection/others specify)

RETURNING DETAILS

Name and designation of person collecting the stock from the session site and return to CCP

Transport modality (AVD/self collection/others specify)