DURHAM REGION HEALTH DEPARTMENT

Vaccine Cold Chain Inventory Worksheet

Fridge Number_____Page:____of_____

Instructions:

1) Write the **fridge number** and pages at the top. **Complete white columns only** (grey is for health department use).
2) Print vaccine brand names (i.e. Adacel; not Tdap), lot number (per box/vial) and number of doses.
3) Write yes (Y) or no (N) if vials/boxes have a red dot (indicates prior exposure). If yes, write the number of **past** exposures and **total** duration in hours and minutes (HH:MM) if indicated on the vial/box (i.e. E3, 16:30 for 3 exposures totalling 16 hours: 30 minutes).

Vaccine (brand name)	Lot Number	Number of doses	Expiry date	Has a red dot (Y/N)	Total number of exposures	Total duration of all exposures (Days:HH:MM)	Viable	Un-usable	Man. code

Manufacturer Codes (optional): record in the *Man. code* column as Aventis/Sanofi Pasteur (S); Glaxo Smith Kline (GSK); Pfizer (P); Merck Frosst (M); Novartis (N); AstraZeneca Canada (AZ).

Modified: January 2026