



Vaccine arrival report									
report No					Date of report				
Place of inspection			Date and time		date and time vaccines entered into cold store				
ADVANCE NOTICE									
Date received by consignee	Copy airway bill (AWB)		Copy of packing list		Copy of invoice		Copy of release certificate		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other documents (if requested)									
FLIGHT ARRIVAL DETAILS									
AWB number	Airport of destination		Flight No.		ETA as per notification		Actual time of arrival		
					Day	Time	Day	Time	
Name of clearing agent: _____ on behalf of: _____									
DETAILS OF VACCINE SHIPMENT									
Procurement agency	Purchase order No.	Consignee		Vaccine description (Type and doses/vial)		Manufacturer		Country	
Vaccine				Diluents/droppers					
Lot number	Number of boxes	Number of vials	Expiry date	Lot number	Number of boxes	Number of units	Expiry date		
(Please continue overleaf if necessary)									
				Yes	No	Comments			
Was quantity received as per shipping notification?									
If not, were details of short-shipment provided prior to vaccine arrival?									

DOCUMENTS ACCOMPANYING THE SHIPMENT									
Invoice		Packing List		Release Certificate		Vaccine Arrival Report		Other	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Comments:									

STATUS OF SHIPPING INDICATORS			
Total number of boxes inspected			
Coolant type:	Dry ice <input type="checkbox"/>	Icepacks <input type="checkbox"/>	No coolant <input type="checkbox"/>
Temperature monitors present:	VVM <input type="checkbox"/>	Cold Chain Card <input type="checkbox"/>	Freeze Watch <input type="checkbox"/> Recorder <input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Temperature reading <hr/> <ul style="list-style-type: none"> ▪ Reading Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▪ Box Opened Yes <input type="checkbox"/> No <input type="checkbox"/> 			

PROVIDE BELOW DETAILS OF STATUS ONLY WHEN PROBLEMS ARE OBSERVED:												
Box number	Lot number	Cold Chain Monitor				Vaccine vial monitor				Freeze Watch Burst?		Date/time of inspection
		A	B	C	D	1	2	3	4	Yes	No	

GENERAL CONDITIONS OF SHIPMENT	
What was the condition of boxes on arrival?	
Were necessary labels attached to shipping boxes?	
Other comments: (continue overleaf if necessary)	
Result:	
Shipment Satisfactory <input type="checkbox"/>	Shipment Unsatisfactory <input type="checkbox"/>
Shipment Accepted <input type="checkbox"/>	Shipment Rejected <input type="checkbox"/>
Date & Time of release from the Airport	
Date & Time of Arrive to Central Store	

Name and Signature:

_____ /_/_/_____
 Central store medical receiving supervisor
 (Directorate of Material Management)

_____ /_/_/_____
 Date

_____ /_/_/_____
 Central store EPI Manager/ program
 organizer (Public Health Directorate)

_____ /_/_/_____
 Date