

Off-Site Immunization Clinic Ordering and Packing Sheet

Site: _____ Date: _____ Hours: _____

Clinic Coordinator: _____

Immunizations (list each product and quantity separately; include diluent as needed)

Qty	Item	Status				
_____	_____	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	_____	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	_____	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	_____	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	_____	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	_____	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	_____	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	_____	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site

Medical Supplies

Qty	Item	Status				
_____	Syringes	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	5/8" Needles	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	1" Needles	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	1.5" Needles	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Sharps Containers	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Alcohol Swabs	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Bandages	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Hand Sanitizer	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Medical Gloves	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Gauze Pads	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Table Covers	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Surface Sanitizing Supplies	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Emergency Response Kit	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site

(more supplies listed on reverse; attach additional sheets as needed)

Notes

Off-Site Immunization Clinic Ordering and Packing Sheet

Non-Medical Supplies

Qty	Item	Status				
_____	Pens	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Clipboards	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Trash Bags	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Waste Baskets	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Paper Towels	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Signage & Display Equipment	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Registration/Billing Forms	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	VIS	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Immunization Record Cards	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Portable Fridge or Pack-Out	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Storage Temperature Logs	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Computers or Tablets	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	WiFi Hotspots	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Power Strips	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Extension Cords	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Point of Sale Devices	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Cash	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Pharmacy Business Cards	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Pharmacy Promotional Items	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	Traffic Flow Equipment	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site

Other Supplies

Qty	Item	Status				
_____	_____	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	_____	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	_____	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	_____	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site
_____	_____	<input type="checkbox"/> N/A	<input type="checkbox"/> Ordered	<input type="checkbox"/> In Pharmacy	<input type="checkbox"/> Packed	<input type="checkbox"/> On-Site

(more supplies listed on reverse; attach additional sheets as needed)

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