



## VACCINATOR'S LOGISTICS DIARY

Name of the  
CHC/PHC/SC/UHC/PPC/Others: \_\_\_\_\_  
Name of the Block: \_\_\_\_\_  
Name of the District: \_\_\_\_\_  
Name of the State: \_\_\_\_\_  
Year: \_\_\_\_\_



## HOW TO USE THE VACCINATOR'S LOGISTICS DIARY

1. This diary is to be maintained by the vaccinator and should be available at the session site.
2. This diary should be used for maintaining the records of Received and Returned Vaccines, Syringes and Diluents at the session site.
3. The name of the Vaccinator, Health Facility, Session Site and Session Date should be written in the upper part of the diary in the space provided.
4. The details for 'Un-Opened Vials & Syringes', and 'Open Vaccine Vials' should be recorded separately under the separate headings as provided in the diary.

An example on how to record in the Vaccinator's Logistics Diary is shown below:

On a routine immunisation day, Nyara PHC distributes the following amount of vaccines, syringes to the session site - Rithora. The Vaccinator should fill up the details regarding the name and designation of the person, mode of delivery of the vaccines and the time when it is delivered to the session as follows:

### At the time of Receiving Vaccines/Diluents/Syringes and Other Logistics

#### Vaccinator's Logistics Diary

Name of Vaccinator.....**Shashi Kumari**.....Name of Health Facility:.....**Nyara PHC**.....  
 Session Site: .....**Rithora Village**.....Date of session:.....**15/03/2014**.....

Un-Opened Vials & Syringes											
Item		Received (In Doses)					Returned (In Doses)				
Sl. No.	Name of the Items	Quantity	Manufacturer	Batch No.	Exp.Date	VVM	Quantity	Manufacturer	Batch No.	Exp.Date	VVM
1	tOPV	60	BIBCOL	Q-173	1/3/16	Usable					
2	DPT	40	HBI	TAG-413	1/8/16	Usable					
3	Hep-B	60	SBL	19119A	5/1/15	Usable					
4	TT	20	BE	WL410	1/3/15	Usable					
5	Pentavalent										
6	BCG	30	S II	036D21	1/5/16	Usable					
7	Measles	15	S II	003F21	2/2/15	Usable					
8	JE	5	CIBPL	COO7-1	1/8/16	Usable					
9	BCG Diluent	30	S II	070S13	1/1/15						
10	Measles Diluent	15	S II	067312	1/1/16						
11	JE Diluent	5	CIBPL	0D517	1/12/15						

Other Logistics (in pieces)									
Items	Received	Returned	Items	Received	Returned	Items	Received	Returned	
0.1ml	30		0.5 ml	150		5 ml	7		
OPV Dropper	3		Black Bag	Yes		Red Bag	No		

Open Vaccine Vials											
Item		Received					Returned				
		Quantity in Vials	Batch No.	Exp.Date	VVM	Date of Opening of vial	Quantity in Vials	Batch No.	Exp.Date	VVM	Date of Opening of vial
1	DPT vials	1	TAG-669	1/12/14	Usable	1/3/14					
2	tOPV vials	1	Q-112	1/1/15	Usable	5/3/14					
3	TT vials										
4	Hep-B vials	1	19119A	1/8/15	Usable	26/2/14					
5	Pentavalent vials										

Receiving Details			Returning Details		
Name and designation	Mr. Pratap Singha, AVD Bike driver		Name and designation of Person		
Transport modality	AVD		Transport modality (AVD/self)		
Date & Time	15/3/2014, 8.00 AM		Date & Time		

1. At the end of the session, the vaccinator should fill the details of all logistics being returned and the mode of return of vaccine carrier.
  2. The vaccinator should sign after the complete details are filled. Any supervisor visiting the session site should check the details and verify by counter signing.
- An example is shown below:

**At the time of Returning the Vaccines/Diluents/Syringes/and other Logistics**

Un-Opened Vials & Syringes											
Item		Received					Returned				
Sl. No.	Name of the Items	Quantity	Manufacturer	Batch No.	Exp.Date	VVM	Quantity	Manufacturer	Batch No.	Exp.Date	VVM
1	tOPV						20	BIBCOL	Q-173	1/3/16	Usable
2	DPT										
3	Hep-B						10	SBL	19119A	5/1/15	Usable
4	TT										
5	Pentavalent										
6	BCG						10	S I I	036D21	1/5/16	Usable
7	Measles										
8	JE										
9	BCG Diluent						10	S I I	070S13	1/1/15	
10	Measles Diluent										
11	JE Diluent										

Other Logistics (in pieces)								
Items	Received	Returned	Items	Received	Returned	Items	Received	Returned
0.1ml		3	0.5 ml		3	5 ml		2
OPV Dropper			Black Bag			Red Bag		

Open Vaccine Vials											
		Received					Returned				
		Quantity in Vials	Batch No.	Exp.Date	VVM	Date of Opening of vial	Quantity in Vials	Batch No.	Exp.Date	VVM	Date of Opening of vial
1	DPT vials						2	TAG-413 TAG-669	1/8/16 1/12/14	Usable	15/3/14 1/3/14
2	tOPV vials						1	Q-173	1/3/16	Usable	15/3/14
3	TT vials										
4	Hep-B vials						1	19119A	5/1/15	Usable	15/3/14
5	Pentavalent vials										

Receiving Details		Returning Details	
Name and designation of Person delivering the stock to session site:		Name and designation of Person collecting the stock from the session and return to cold Chain Point:	Mr Pratap Singha, AVD Bike driver
Transport modality (AVD/self collection/other-specify)		Transport modality (AVD/self collection/other-specify)	AVD
Date & Time		Date & Time	15/3/2014, 4.00 PM

Signature of Vaccinator: **Shashi Kumari**

## Vaccinator's Logistics Diary

Name of Vaccinator..... Name of Health Facility:.....

Session Site: ..... Date of session:.....

Un-Opened Vials & Syringes											
Item		Received (In Doses)					Returned (In Doses)				
Sl. No.	Name of the Items	Quantity	Manufacturer	Batch No.	Exp.Date	VVM	Quantity	Manufacturer	Batch No.	Exp.Date	VVM
1	tOPV										
2	DPT										
3	Hep-B										
4	TT										
5	Pentavalent										
6	BCG										
7	Measles										
8	JE										
9	BCG Diluent										
10	Measles Diluent										
11	JE Diluent										

Other Logistics (in pieces)									
Items	Received	Returned	Items	Received	Returned	Items	Received	Returned	
0.1ml			0.5 ml			5 ml			
OPV Dropper			Black Bag			Red Bag			

Open Vaccine Vials											
		Received					Returned				
		Quantity in Vials	Batch No.	Exp.Date	VVM	Date of Opening of vial	Quantity in Vials	Batch No.	Exp.Date	VVM	Date of Opening of vial
1	DPT vials										
2	tOPV vials										
3	TT vials										
4	Hep-B vials										
5	Pentavalent vials										

Receiving Details		Returning Details	
Name and designation of Person delivering the stock to session site:		Name and designation of Person collecting the stock from the session and return to cold Chain Point:	
Transport modality (AVD/self collection/other-specify)		Transport modality (AVD/self collection/other-specify)	
Date & Time		Date & Time	

Signature of Vaccinator