



COVID Vaccine Daily Waste Tracker

Lot # _____	QTY Wasted (Number) _____
Manufacturer <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Janssen	Clinician: _____
Dosing <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> N/A	
Lot # _____	QTY Wasted (Number) _____
Manufacturer <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Janssen	Clinician: _____
Dosing <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> N/A	
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Total Doses: _____ Lot# _____ Manuf. _____ Total Doses: _____ Lot# _____ Manuf. _____

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Head Clinician Name: _____ Head Clinician Signature: _____ Date: _____

Site Manager Name: _____ Site Manager Signature: _____ Date: _____