

<b>AdiraMedica LLC</b>	<b>Form Number: FORM-519A</b>
<b>Title: Temperature Exposure Record</b>	<b>Revision Number: 01</b>

<b>Receiving No.:</b>		<b>Item No.</b>	
<b>Item Description:</b>		<b>Lot No.:</b>	0
<b>Storage Conditions:</b>		<b>Date and Time Received</b>	
<b>Other Storage Conditions</b>			
<b>Temperature Device on Alarm</b>	0	<b>Temperature Device Deactivated</b>	0
<b>Temperature Device Returned to Courier</b>	0	<b>Maximum Exposure Time</b>	(min)
<b>Temper Time</b>	(min)	<b>Working Exposure Time</b>	(min)
<b>NOTE:</b> Create one Temperature Exposure Record for each container. <b>DO NOT</b> place insulated containers or dry ice inside a temperature-controlled storage unit			
<b>Container No.</b>		<b>Total Units/ Container</b>	
		<b>Record Created By/Date</b>	

**DRUG MOVEMENT:**

Destination/ Comments	Date	Time	Exposure Time (ET)	Cumulative ET	Completed By/Date	Verified By/Date
			(min)	(min)		
			(min)	(min)		
			(min)	(min)		
			(min)	(min)		
			(min)	(min)		

- |               |                                                                                                                                                   |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Notes:</b> | 1. Exposure Time <b>MUST NOT EXCEED</b> the Working Exposure Time<br>2. Cumulative Exposure Time <b>MUST NOT EXCEED</b> the Maximum Exposure Time |
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