

AdiraMedica LLC	Form Number: FORM-519A
Title: Temperature Exposure Record	Revision Number: 01

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

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)		

- Notes:**
1. Exposure Time **MUST NOT EXCEED** the Working Exposure Time
 2. Cumulative Exposure Time **MUST NOT EXCEED** the Maximum Exposure Time