

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)
<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			
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)		

<b>Notes:</b> <ol style="list-style-type: none"> <li>1. Exposure Time <b>MUST NOT EXCEED</b> the Working Exposure Time</li> <li>2. Cumulative Exposure Time <b>MUST NOT EXCEED</b> the Maximum Exposure Time</li> </ol>
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