

Annex 6J: Vaccine Accountability Form

NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY							
WARD VACCINE/DEVICES ACCOUNTABILITY FORM							
Name of Ward		Name of LGA Name of State					
DATE.....							
CAMPAIGN DAY NO.....							
		Vaccines details RECEIVED				Vaccines details RETURNED	
Quantity of vials received from LGA Store.....							
S/No.	Team Code	No. of Vials Given	Batch No.	Name of Team Supervisor	Signature of Team Supervisor	No. of Empty/ Opened Vials Returned	No. of Unusable (VVM 3&4 or Label off) Vials Returned
	Total						
Sign. of Ward Focal Person							
Date.....							
Name.....							

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NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY								
WARD VACCINE/DEVICES ACCOUNTABILITY FORM								
Quantity of viable vials returned to LGA Store.....								
No. of Usable (Unopened & VVM 1&2) Vials Returned	Batch No.	(0.5ml syringe) issued	(0.5ml syringe) used	(0.5ml syringe) balance	(5ml syringe) issued	(5ml syringe) used	(5ml syringe) balance	Signature of team supervissor
	Sign. of AO/Senior Supervisor							
	Date.....							
	Name.....							