

IATA Acceptance Checklist for Time and Temperature Sensitive Healthcare Shipments

Air Waybill No.: _____ Origin: _____ Destination: _____

SOP No (where applicable): _____

17

17.8

Notes:

1. Answer "not applicable" only where an "N/A" box is provided.
2. If any question is answered "NO", the appropriate internal escalation procedure should be followed.

	YES	NO	N/A
A. Air Waybill			
1. Single temperature range indicated on a Air Waybill	<input type="checkbox"/>	<input type="checkbox"/>	
2. 24 hours emergency contact number(s).....	<input type="checkbox"/>	<input type="checkbox"/>	
B. Temperature Checks			
1. Shipment delivered on temperature-controlled truck set at the correct temperature within the range as per the Air Waybil	<input type="checkbox"/>	<input type="checkbox"/>	
C. Shipment/Labelling			
1. IATA Time & Temp. Sensitive Label affixed or pre-printed on the shipment	<input type="checkbox"/>	<input type="checkbox"/>	
2. Temperature range in Celsius on the label matching the temperature range stated on the Air Waybill.....	<input type="checkbox"/>	<input type="checkbox"/>	
D. Active Temperature Controlled Container(ACT)			
1. ACT container check sheet completed & placed in container pouch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Checked by:

Name: _____ Place: _____

Date/Time: _____ Signature: _____
