Vaccine Storage Troubleshooting Record

Use this form to document any unacceptable vaccine storage event, including temps outside recommended range, once vaccine has been placed into proper conditions.

Facility Name: ____________________________  VFC Pin/USIS ID: ____________________________

<table>
<thead>
<tr>
<th>Date &amp; Time of Event</th>
<th>Unit Information</th>
<th>Storage Unit Temperature</th>
<th>Person Completing Report</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>during out-of-range event.</td>
<td>at the time the problem was discovered.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Minimum (lowest) temp: □ C □ F</td>
<td>Name: ____________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maximum (highest) temp: □ C □ F</td>
<td>Title: ____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
<th>Unit Name:</th>
<th>Refrigerator □</th>
<th>Freezer □</th>
</tr>
</thead>
</table>

Description of Event (If multiple, related events occurred, list each date, time, and length of time out of storage.)

- General description (i.e., what happened?)
- Estimated length of time between event and last documented reading of storage temperature in acceptable range (36° to 46°F [2° to 8°C] for refrigerator; -58° to 5°F [-50° to -15°C] for freezer).
- Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (Use separate sheet if needed, but maintain the inventory with this troubleshooting record).
- Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine?
- Include any other information you feel might be relevant to understanding the event.

Action Taken (Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)

- When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine. Store exposed vaccine in proper conditions and label it “do not use” until after you can discuss with Utah Immunization Program and/or the manufacturer[s].)
- Who was contacted regarding the incident? (List all: Supervisor, Utah Immunization Program, manufacturer[s] including Case Number.)
- IMPORTANT: What did you do to prevent a similar problem from occurring in the future?

Results

- What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For publicly-purchase vaccine, complete Return/Waste in VOMS for accountability.)

I have reviewed the above documentation and have ensured measures have been taken at our facility to prevent similar vaccine loss in the future.

Primary Coordinator
Signature ____________________________ Date ____________

Back-up Coordinator
Signature ____________________________ Date ____________

Medical Director
Signature ____________________________ Date ____________