

OFF-SITE LOCATION REQUEST FORM

Submit completed form, calibration certificates, and current temp logs to
vacteam@utah.gov.

Date Submitted		PIN/USIIS ID	
Facility Name			
Off-Site Vaccine Coordinator		Off-Site Vaccine Coordinator Phone	
Off-Site Vaccine Coordinator Email			

Location of off-site clinic(s)	<input type="checkbox"/> Professional Bldg <input type="checkbox"/> Drive-up/Curbside <input type="checkbox"/> Mobile Unit/RV <input type="checkbox"/> Other _____
---------------------------------------	--

Storage of vaccines during off-site clinic(s) Select all that apply	<input type="checkbox"/> Off-Site Refrigerator (must be stand alone unit) <input type="checkbox"/> Off-Site Freezer (must be stand alone unit) <input type="checkbox"/> Portable Refrigerator <input type="checkbox"/> Portable Freezer <input type="checkbox"/> Certified Refrigerator Pack-out <input type="checkbox"/> Certified Freezer Pack-out <input type="checkbox"/> Mobile Unit/RV (additional information is required)
---	--

Vaccines offered at off-site clinic(s) Select all that apply (Inventory is required)	<input type="checkbox"/> All ACIP Recommended Refrigerated Vaccine <input type="checkbox"/> All ACIP Recommended Frozen Vaccine <input type="checkbox"/> Flu <input type="checkbox"/> Other;
---	---

Certified Pack-out and Temperature Logs	Storage and pack-out information, along with current temperature logs, must be included with the submission of the Off-Site Location Request Form for approval.
--	--

Off-Site Clinic Date(s)	Location/Facility Address	Distance/time from Primary Location	*Duration of Off-Site Clinic

**Duration of off-site clinic must not exceed 8 hours. This includes transport time. For example: Off-site location is 1 hour away (2 hrs total transport) the duration of the off-site clinic must not exceed 6 hours.*

TEMPERATURE MONITORING DEVICE LIST AND MAINTENANCE

**Proof of valid certificate(s) of calibration for each DDL is required for approval*

Calibration Company/Laboratory		Phone			
Digital Data Logger or Continuous Monitoring System Device (Name of device/system)	Certificate of Calibration Certificate Number	Calibration Expiration Date	Alarm Setting Low	Alarm Setting High	

Off-Site Location Vaccine Population and Estimated Doses Required for Off-Site Location

Date of Clinic	Facility Name	PIN / USIS ID
Off-Site Vaccine Coordinator		Phone with Area Code

ESTIMATED PROVIDER POPULATION FOR OFF-SITE CLINIC				
Publicly-Funded Vaccine Eligibility Categories	# of eligible patients receiving publicly-funded vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	>18
Enrolled in Medicaid				
No Health Insurance				
American Indian/ Alaska Native				
Children's Health Insurance Program (CHIP)				
Underinsured in FQHC/RHC only				
Special Projects/Adult Initiative				
Estimated Total Publicly-Funded Vaccine				

Non-Eligible Vaccine Categories	# of eligible patients receiving private supplied vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	>18
Private Pay Patients				
Estimated Total Non-Eligible Patients				

How were estimates made?	<input type="checkbox"/> Previous Off-site held at location <input type="checkbox"/> Employee data provided from location <input type="checkbox"/> Other: _____
---------------------------------	---

Vaccine Type	Manufacturer	Estimated Total Publicly-Funded Doses	Estimated Total Private Supplied Doses
DTaP			
DTaP-Hep B-IPV (Pedarix)			
DTaP-HIB-IPV (Pentacel)			
DTaP-IPV (Kinrix / Quadracel)			
IPV			
Hep A Pediatric			
Hep B Pediatric			
HIB			
HPV			
Meningococcal (A,C,Y,W-135)			
Meningococcal B			
MMR			
MMR-V (ProQuad)			
Pneumococcal Conjugate (PCV13)			
Rotavirus			
Tdap			
Varicella			
Influenza			
COVID			
Other (e.g., DT, Td, PPV23)			

Instructions

1. Estimated doses of vaccine types that will be available at your off-site clinic.
2. Retain a copy for your records and submit with your Off-site Location Request Form sending to vacteam@utah.gov.
3. Doses administered at your off-site clinic must be accounted for and reported to USIS.
4. Wasted vaccines must be accounted for, reported in VOMS, and discarded as medical waste.

PROVIDER ACKNOWLEDGEMENTS	
1.	Designate a fully trained Off-Site Vaccine Coordinator to ensure all procedures and guidelines for vaccines are followed. The Off-Site Vaccine Coordinator must be present during the entire off-site clinic.
2.	Portable refrigerator/ freezer and/or conditioned qualified pack-out designed to transport vaccines. <ul style="list-style-type: none"> • Soft-sided coolers and/or vaccine shipping containers are NOT allowed.
3.	Digital data logger with a current and valid certificate of calibration. <ul style="list-style-type: none"> • Digital data logger(s) required for each portable refrigerator/freezer and/or qualified certified pack-out.
4.	Digital data logger must meet CDC requirements (set to record every 1-15 minutes): <ul style="list-style-type: none"> • Detachable buffered probe that best reflects vaccine temperatures (e.g., a probe buffered with glycol, glass beads, sand, or Teflon®). • Alarm for out-of-range temperatures. • Low-battery indicator.
5.	Inventory of publicly-funded vaccine for off-site clinic. <ul style="list-style-type: none"> • Vaccine • NDC • Lot Number • Expiration • Quantity
6.	All vaccine forms, including but not limited to are available: <ul style="list-style-type: none"> • VFC eligibility screening tools • Current VIS (paper or electronic form) • Administration data reported to USIS
7.	The ability to document and record temperatures every hour during the duration of the off-site clinic. <ul style="list-style-type: none"> • Date, time and staff initials are required every hour during the duration of the off-site clinic. • Interval may vary depending on storage of your vaccines during your off-site clinic. • Documentation will be required.
8.	In the event of a temperature excursion, an emergency response plan is in place and can be enacted immediately. <ul style="list-style-type: none"> • Additional information will be required.
9.	An emergency medical kit is at the site for the duration of the clinic. <ul style="list-style-type: none"> • including epinephrine and equipment for maintaining an airway.
10.	All vaccination providers at the site are certified in CPR. <ul style="list-style-type: none"> • familiar with signs and symptoms of anaphylaxis. • know their role in the event of an emergency. • know the location of epinephrine and trained in its indications and use.
11.	Adequate infection control supplies available to use at off-site location, including but not limited to: <ul style="list-style-type: none"> • Biohazard containers • Hand hygiene • Sharps containers • Sterile needles • Adhesive bandages • Syringes • Individually packaged sterile alcohol wipes
12.	Facilities that hold off-site vaccination clinics without prior approval, may be terminated from enrolled program and/or subject to fines and reimbursement.
13.	Upon approval, an authorization number will be provided to you. <ul style="list-style-type: none"> • Any modifications to the approved request will void the approval and a new Off-Site Location Request form is required.
14.	Any modifications to the above request form will void the authorization and require a new request form to be submitted.

By signing this form, I certify on behalf of myself and all immunization providers and staff, I have reviewed the above documentation and agree to requirements listed above. I understand that I am accountable for compliance of these requirements and I have ensured measures will be taken to avoid vaccine loss during the off-site clinic.

Off-Site Vaccine Coordinator _____
Signature _____ Date _____

Medical Director *or* Equivalent _____
Signature _____ Date _____

UTAH IMMUNIZATION PROGRAM USE ONLY		Auth #:
Date Received: _____		
Date Approved: _____	Approved by: _____	