Utah Department of Health & Human Services
Population Health

Certification to Store Vaccine

Utah VFC
Utah Vaccines for Children

Facility Name	VFC PIN / USIIS ID
Address	
City	ZIP Code
Facility Vaccine Coordinator	
Telephone	Email

Type of vaccines will you be storing at your facility:
❑ Refrigerated vaccines only ❑ Frozen vaccines only ❑ Both refrigerated and frozen vaccines

Select the type(s) of unit used to store all publicly-supplied vaccine at your facility. Indicate the quantity of each type used.

Refrigerator	# of Units	Freezer	# of Units
❑ Stand-alone refrigerator, commercial		❑ Stand-alone freezer, commercial	
❑ Stand-alone refrigerator, pharmaceutical		❑ Stand-alone freezer, pharmaceutical	
❑ Combination, pharmaceutical		❑ Combination, pharmaceutical	
❑ Other, please describe		❑ Other, please describe	

Please describe "Other" if indicated. _____

On behalf of myself and all the practitioners, nurses, and others associated with this healthcare facility of which I am the physician-in-chief, medical director, facility director, or equivalent, I agree to comply with the following vaccine storage requirements of the Utah Immunization Program:

1. Store all publicly-supplied vaccine, including VFC, in an appropriate vaccine storage unit. Use of a dormitory-style unit (a small combination refrigerator-freezer with a freezer compartment inside the refrigerator) or combination household-style unit is not allowed under any circumstance or at any time.
2. Keep and use publicly-supplied vaccine only at the location to which the vaccine is shipped. Facilities who need to use publicly-supplied vaccine at additional secondary sites must enroll each location in each program, including Utah VFC Program and Adult High Risk Initiative, and submit separate vaccine orders for each site.
3. Maintain vaccine refrigerator and freezer temperatures within recommended range. Verify vaccine validity with manufacturers for any vaccine storage outside the recommended range and provide an incident report, plan of action and manufacturer viability conclusion to Utah Immunization Program within 3 business days of incident.
4. Monitor and document refrigerator and freezer temperatures and all other information as required by the Utah Immunization Program, to ensure proper storage of the vaccine. Use data loggers (with a current Certificate of Traceability and Calibration Testing) in the vaccine storage units to verify the temperatures.
5. Clearly mark and separate each publicly-supplied vaccine from private vaccine supply using labels.
6. Store vaccine in the main body of the refrigeration unit; never in the door, crispers, air-tight containers, or in front of a cold air outlet that leads from the freezer to the refrigerator (often near the top shelf in household style units).
7. Maintain planned back-up storage unit(s) in the event of a power failure or unforeseen event.
8. I understand that I am ultimately responsible for the vaccine that is provided to my facility by the Utah Immunization Program. Issues of negligence could result in financial restitution or referral to Medicaid Program Integrity.

Physician-in-chief, medical director, or equivalent, authorized to prescribe vaccines (required):

Print Name _____ Signature _____ Date _____

Please note: This record is to be submitted and kept on file with the Utah Department of Health and Human Services Immunization Program and must be updated yearly. A copy of this completed document is considered the same as the original.