Utah Department of Health & Human Services
Population Health

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: _____ **Facility ID/USIIS ID:** _____

Date & Time of Event If multiple, related events occur, see Description of Event below.	**Unit Information**	**Storage Unit Temperature** during an out-of-range event.	**Person Completing Report** at the time the problem was discovered.
Date:	Unit Name:	Minimum (lowest) temp: ☐ °C ☐ °F	Name:
Time:	☐ Refrigerator ☐ Freezer	Maximum (highest) temp: ☐ °C ☐ °F	Title: Date:

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 the 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? Enter the Return/Waste Authorization number from VOMS for reference and include the Manufactures case numbers and/or information provided from the Manufacturer's online excursion calculator tools. *Not all manufacturers have excursion tools available on their websites.*
- (Note: For publicly-purchase vaccines, complete Return/Waste in VOMS for accountability *i.e.: Return ID 11991/ Waste ID 59499.*)

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