

# 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/USIIS ID: \_\_\_\_\_

Date & Time of Event	Unit Information	Storage Unit Temperature	Person Completing Report
If multiple, related events occur, see Description of Event below.		during out-of-range event.	at the time the problem was discovered.
Date:	Unit Name:	Minimum (lowest) temp: <input type="checkbox"/> C <input type="checkbox"/> F	Name:
Time:	<input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer	Maximum (highest) temp: <input type="checkbox"/> C <input type="checkbox"/> F	Title: <span style="float: right;">Date:</span>
<b>Description of Event</b> <i>(If multiple, related events occurred, list each date, time, and length of time out of storage.)</i> <ul style="list-style-type: none"> <li>General description (i.e., what happened?)</li> <li>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).</li> <li>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).</li> <li>Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine?</li> <li>Include any other information you feel might be relevant to understanding the event.</li> </ul>			
<b>Action Taken</b> <i>(Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)</i> <ul style="list-style-type: none"> <li>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].)</li> <li>Who was contacted regarding the incident? (List all: Supervisor, Utah Immunization Program, manufacturer[s] including Case Number.)</li> <li><b>IMPORTANT:</b> What did you do to prevent a similar problem from occurring in the future?</li> </ul>			
<b>Results</b> <ul style="list-style-type: none"> <li>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.)</li> </ul>			

**I have reviewed the above documetation 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				

**Clear Form**