

## VACCINE STORAGE & HANDLING INCIDENT REPORT

Provider Name:		VFC PIN:	Person Completing Report:	
Affected storage unit: <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer		Water bottles in use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date & Time of Event:	Duration: hours,                   minutes
At the time the problem was discovered, what was the storage unit temperature?			Room temperature?	
Description of Event:				
Corrective Action(s) Taken:				State Immunization Program Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Vaccine manufacturers notified: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Results</b>	<b>Manufacturer Information</b>		<b>Vaccine Status</b>	
	Manufacturer:	Case ID#:	<input type="checkbox"/> viable <input type="checkbox"/> not viable <input type="checkbox"/> viable until new expiration date:	
	Contact Name:	Case ID#:	<input type="checkbox"/> viable <input type="checkbox"/> not viable <input type="checkbox"/> viable until new expiration date:	
	Manufacturer:	Case ID#:	<input type="checkbox"/> viable <input type="checkbox"/> not viable <input type="checkbox"/> viable until new expiration date:	
	Contact Name:	Case ID#:	<input type="checkbox"/> viable <input type="checkbox"/> not viable <input type="checkbox"/> viable until new expiration date:	
	Manufacturer:	Case ID#:	<input type="checkbox"/> viable <input type="checkbox"/> not viable <input type="checkbox"/> viable until new expiration date:	
Contact Name:	Case ID#:	<input type="checkbox"/> viable <input type="checkbox"/> not viable <input type="checkbox"/> viable until new expiration date:		
Additional Comments:				