Oklahoma VFC	C Vaccine Storage	Incident R	eport (VS	IR)	Date:	
Notify	Docum	nent	Cont	act	→ Coi	rrect
Name of Clinic:			VFC	Pin#:		
Reported by:		Direct Phone	#:		Email: _	
Date(s) of Excursion	:	Tir	me of Excurs	ion:		
Notify: 1. Were the Medical Yes No No	Director, the Vaccine Cod	ordinator and t	he Back-up \	Vaccine C	oordinator not	tified of excursion?
a working, within-ra	d not to use the vaccines inge, continuously monit oonse being received fro	ored, VFC-app	roved storag	e unit <u>, a</u> n	•	-
	DO NOT auto	omatically disc	card the affe	cted vac	cine.	
Document: 3. What was the <u>exc</u>	ursion temperature insic	de the different	storage unit	t(s) at the	time the prob	lem was discovered?
Refrigerator Tempe	rature Min/Max	C or	F			
Standard Freezer Te	mperature Min/Max	C or	F			
Were multiple units	affected by the excursio	n? Yes 🖵 N	o 🖵			
Mark additional unit	ts R or SF and #:	Min/Max	C or	_ F	Min/Max	C or F
	ny temperature reading [8 C] or above +5 F [-15 C			_	_	•
4. How long were th outside of range for	ne vaccines exposed to in each unit.	appropriate sto	orage tempe	ratures? I	Please record t	:he total time
Refrigerator	days hours	minutes	Freezer	day	s hours	minutes
Refrigerator #2	days hours	minutes	Freezer #2	day	s hours	minutes
5. If available, what v	was the room temperatu	re surrounding	the affected	d unit at t	he time of the	excursion?
C or _	F					
(or units) at the time	mperature probe (or pro e of the excursion?	·				
7. Was an inventory	count of the vaccines wi	thin the affecte	ed storage ur	nit condu	cted? Yes 🖵	No 🖵
8. Record the temper	erature alarm setting on	Digital Data Lo	gger Report	: Min/Max		
9. Where is your MM	IR II stored? Refrigerator	or Freezer (Circ	cle one)			
10. What type of sto	rage unit(s) experienced Pharmaceutical grade			old unit (Circle one)	
Make	Model		Seria	al Numbe	r	
Make	Model		Seria	al Numbe	r	
Make	Model		Seria	al Numbe	r	



Contact:

Immunization Field Consultant (IFC) or if IFC is unavailable contact Immunization Service at 405.426.8580.

Immunization Service will contact the manufacturer(s) regarding all VFC vaccines which were exposed to out-of-range temperatures. Immunization Service will notify the contact's name listed above regarding the determination of vaccine viability.

determination of vaccine viability. Give IFC or Immunization Service staff a description of the incident. If the instance was another scenario, such as delivered vaccines were left at the clerk's desk and not placed into proper storage, describe that here. Please describe when, where, and how the incident occurred: Has this vaccine been involved in previous excursion(s)? When? Describe circumstances ____ **Correct:** Consider what action steps will be taken to prevent this from happening in the future: Turn in this report along with the digital data logger printout and a count sheet including the exposed vaccines. • Data logger data needs to include last time temperatures were within range before temperatures went out of range to when temperatures came back within range. If excursion took place in multiple units, include digital data logger reports for each unit affected. · For a count sheet, in OSIIS go to Reports> Inventory Management> Count Sheet. Print the Count Sheet for your clinic and count your exposed vaccines. If excursion took place in multiple units, on the count sheet mark each exposed vaccine to the right of the listing as to which unit they were in (Example: Fridge = R, Freezer = F, if multiple units, R1, R2, F1, F2.) Mark the corresponding digital data logger reports with this abbreviation also. If any of the vaccines were not exposed in the excursion, write "not exposed" to the right of the vaccine. Vaccine must remain under quarantine until an official notification is provided by Immunization Service. Vaccine Storage and Handling Incident Category (Use for Vaccine Return Reasons) 1. Natural Disaster/Power Outage 2. Failure to store properly upon receipt 3. Mechanical Failure 4. Refrigerator too cold 5. Refrigerator too warm \Box 6. Freezer too warm or too cold 7. Vaccine Spoiled 🖵 8.Other:

Signature of Medical Director or Equivalent: _____