

Vaccine Storage Equipment Failure Worksheet

DATE OCCURRED: _____

Use this worksheet to help collect information prior to contacting your health department or vaccine manufacturers.

RECORD THIS INFORMATION*

Temperature of refrigerator: _____
Current Max. Min. Temperature of freezer: _____
Current Max. Min.

Air temperature of room where the storage equipment is located: _____

Estimated amount of time the unit's temperature was outside normal range: _____
Refrigerator Freezer



Vaccines stored in the **REFRIGERATOR** during the event

VACCINE	MANUFACTURER	LOT NUMBER	EXP. DATE	NUMBER OF AFFECTED VIALS	ACTION TAKEN





Vaccines stored in the **FREEZER** during the event

VACCINE	MANUFACTURER	LOT NUMBER	EXP. DATE	NUMBER OF AFFECTED VIALS	ACTION TAKEN

*Using calibrated temperature monitoring devices is the most effective method of tracking the refrigerator and freezer temperatures over time.

Contact information for vaccine manufacturers may be found on the manufacturer's website.

OTHER RESOURCES:

Local health dept  _____ State health dept  _____

Adapted from: 1. Michigan Department of Community Health. VFC Program emergency response plan. https://www.michigan.gov/documents/mdhhs/5_Emergency_Response_Plan_600482_7.pdf. Accessed May 21, 2018. 2. Centers for Disease Control and Prevention (CDC). Hamborsky J, Kroger A, Wolfe S, eds. *Epidemiology and Prevention of Vaccine-Preventable Diseases*. 13th ed. Washington, DC: Public Health Foundation; 2015:Chapter 5.