

# TEMPERATURE EXCURSION INCIDENT REPORT

NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE  
BUREAU OF IMMUNIZATION • COVID-19 VACCINATION PROGRAM  
347-396-2404 (Phone) • 347-396-8841 (Fax) • [PQAUnit@health.nyc.gov](mailto:PQAUnit@health.nyc.gov)

In the event of a temperature excursion, contact the vaccine manufacturers, complete and submit this form to the New York City Department of Health and Mental Hygiene, Bureau of Immunization, Provider Quality Assurance Unit via email or fax. This report serves as a record of the incident, the steps taken to determine vaccine viability, and the disposition of the affected vaccines. Keep this report for your records.

Refer to CDC's [Product Info by U.S. Vaccine](#) webpage for the latest information on COVID Vaccine storage and temperature requirements.

Manufacturer	Contact Info	Vaccine
Janssen	1-800-526-7736/1-800-565-4008 <a href="http://www.janssenmd.com/janssen-covid19-vaccine">www.janssenmd.com/janssen-covid19-vaccine</a>	Sars-COV-2 (Janssen)
Moderna	1-866-663-3762 <a href="http://www.modernatx.com">www.modernatx.com</a> <a href="mailto:excursions@modernatx.com">excursions@modernatx.com</a>	Sars-COV-2 (Moderna)
Pfizer	1-800-505-4426 <a href="http://www.pfizer.com">www.pfizer.com</a>	Sars-COV-2 (Pfizer BioNtech)

Facility Name: \_\_\_\_\_ PIN #: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Reported by (first & last name): \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Excursion: \_\_\_\_\_ Time of Excursion: \_\_\_\_\_ Order ID (if applicable): \_\_\_\_\_

## IMMEDIATE ACTION TAKEN

1.	Were the Vaccine Coordinator or Back-up Vaccine Coordinator notified of the excursion? <input type="checkbox"/> YES <input type="checkbox"/> NO
2.	What was the <b>excursion temperature</b> inside the affected storage unit(s) at the time the problem was discovered? <input type="checkbox"/> Refrigerator Temperature _____°C or _____°F <input type="checkbox"/> Freezer Temperature: _____°C or _____°F <input type="checkbox"/> Ultra-Cold Freezer Temperature: _____°C or _____°F
3.	How long were the vaccines exposed to inappropriate storage temperatures? Please record the <b>total amount of time or cumulative time</b> outside of range for each unit. <input type="checkbox"/> Refrigerator: _____ Days _____ Hours _____ Minutes <input type="checkbox"/> Freezer: _____ Days _____ Hours _____ Minutes <input type="checkbox"/> Ultra-Cold Freezer: _____ Days _____ Hours _____ Minutes
4.	What was the room temperature surrounding the affected unit at the time of the excursion? _____
5.	Were water bottles in the refrigerator at the time of the event? <input type="checkbox"/> YES <input type="checkbox"/> NO Were frozen coolant packs in the freezer at the time of the event? <input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Was an inventory of the vaccines within the affected storage unit conducted? <input type="checkbox"/> YES <input type="checkbox"/> NO

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<b>7.</b>	Vaccines in the affected storage unit quarantined within the unit and labeled "DO NOT USE" pending manufacturer's input? <input type="checkbox"/> YES <input type="checkbox"/> NO  <i>*If your vaccine storage unit(s) cannot be reset to maintain the appropriate storage conditions, follow the <b>EMERGENCY PLAN</b> as described within the VFC Vaccine Management Plan.</i>												
<b>8.</b>	Has the vaccine manufacturer been contacted for further guidance? <input type="checkbox"/> YES <input type="checkbox"/> NO												
<p><b>CAUSE OF EXCURSION:</b></p> <input type="checkbox"/> Power Outage Unit(s) not plugged in or not turned on <input type="checkbox"/> Prolonged opening of refrigerator /freezer door <input type="checkbox"/> Temperature Monitoring device moved/misplaced <input type="checkbox"/> Unit's temperature control knob setting is incorrect <input type="checkbox"/> Poor air circulation inside and outside the unit(s) <input type="checkbox"/> Operational problems with the storage unit(s) <input type="checkbox"/> Other _____													
<p><b>Type &amp; Brand Name of Storage Unit Affected by Excursion:</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Small Stand-Alone Refrigerator</td> <td><input type="checkbox"/> Pharmaceutical Grade (Stand-Alone Refrigerator)</td> </tr> <tr> <td><input type="checkbox"/> Small Stand-Alone Chest Freezer</td> <td><input type="checkbox"/> Pharmaceutical Grade (Combined Refrigerator &amp; Freezer)</td> </tr> <tr> <td><input type="checkbox"/> Stand-Alone Freezer</td> <td><input type="checkbox"/> Small Household Refrigerator &amp; Freezer (Refrigerator Only)</td> </tr> <tr> <td><input type="checkbox"/> Regular Stand-Alone Refrigerator</td> <td><input type="checkbox"/> Regular Household Refrigerator &amp; Freezer (Refrigerator Only)</td> </tr> <tr> <td><input type="checkbox"/> Regular Stand-Alone Chest Freezer</td> <td><input type="checkbox"/> Large Household Refrigerator &amp; Freezer (Refrigerator Only)</td> </tr> <tr> <td><input type="checkbox"/> Pharmaceutical Grade (Stand-Alone Freezer)</td> <td><input type="checkbox"/> Pharmaceutical Grade (Ultra-Cold Freezer)</td> </tr> </table>		<input type="checkbox"/> Small Stand-Alone Refrigerator	<input type="checkbox"/> Pharmaceutical Grade (Stand-Alone Refrigerator)	<input type="checkbox"/> Small Stand-Alone Chest Freezer	<input type="checkbox"/> Pharmaceutical Grade (Combined Refrigerator & Freezer)	<input type="checkbox"/> Stand-Alone Freezer	<input type="checkbox"/> Small Household Refrigerator & Freezer (Refrigerator Only)	<input type="checkbox"/> Regular Stand-Alone Refrigerator	<input type="checkbox"/> Regular Household Refrigerator & Freezer (Refrigerator Only)	<input type="checkbox"/> Regular Stand-Alone Chest Freezer	<input type="checkbox"/> Large Household Refrigerator & Freezer (Refrigerator Only)	<input type="checkbox"/> Pharmaceutical Grade (Stand-Alone Freezer)	<input type="checkbox"/> Pharmaceutical Grade (Ultra-Cold Freezer)
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<input type="checkbox"/> Regular Stand-Alone Chest Freezer	<input type="checkbox"/> Large Household Refrigerator & Freezer (Refrigerator Only)												
<input type="checkbox"/> Pharmaceutical Grade (Stand-Alone Freezer)	<input type="checkbox"/> Pharmaceutical Grade (Ultra-Cold Freezer)												
Storage Unit Brand Name: _____ Model/Serial #: _____													
Thermometer Brand Name: _____ Model/Serial #: _____													

**COVID-19 Vaccines, Manufacturer & Lot Number(s) affected due to temperature excursion:**

	Vaccine (Manufacturer) <i>Place an 'X' in box next to spoiled vaccines</i>	Vaccine Type	Lot Number(s)	Lot Expiration Date	New Expiration Date (if applicable)	Number of Doses
<input type="checkbox"/>	SARS- COV-2® (Pfizer BioNtech)	COVID-19				
<input type="checkbox"/>	SARS-COV-2® (Moderna)	COVID-19				
<input type="checkbox"/>	SARS-COV-2® (Janssen)	COVID-19				

**Describe the incident and corrective actions taken:**



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## BASED ON MANUFACTURER'S RESPONSE:

Quality of vaccines has not been compromised and may <b>continue to be used</b> . <input type="checkbox"/> YES <input type="checkbox"/> NO <b>[CONTINUE TO MANUFACTURER CASE NUMBER(S) SECTION /SIGN FORM ON PAGE 3]</b>
Vaccines were <b>not approved for further use</b> and should be identified as "spoiled". <input type="checkbox"/> YES <input type="checkbox"/> NO <b>[CONTINUE TO MANUFACTURER CASE NUMBER(S) SECTION /IDENTIFY ONLY SPOILED DOSES/SIGN FORM]</b>
<b>Manufacturer Case Number(s):</b>  Moderna _____ Pfizer _____ Janssen _____

**\*PLEASE ATTACH COPIES OF ALL DOCUMENTS FROM THE MANUFACTURER STATING THE VIABILITY STATUS OF ALL VACCINES.  
\*DO NOT DISCARD VACCINES UNLESS DIRECTED BY THE MANUFACTURER(S).**

<b>NAME:</b>	<b>SIGNATURE:</b>	<b>DATE REPORTED:</b>
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# TEMPERATURE EXCURSION INCIDENT REPORT

NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE: VACCINES FOR CHILDREN (VFC) PROGRAM  
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## FULL VACCINE MANUFACTURER CONTACT INFORMATION SHEET

MANUFACTURER	CONTACT INFO	VACCINE
CSL	1-888-435-8633 or 1-855-358-8966 <a href="http://www.biocsl.com">www.biocsl.com</a>	<ul style="list-style-type: none"> <li>Influenza (Age 9 years and older) (<b>Afluria No Preservative</b>)</li> <li>Influenza (Age 9 years and older) (<b>Afluria</b>)</li> </ul>
GlaxoSmithKline	1-877-356-836 <a href="https://www.gskusmedicalaffairs.com/stability-calculator.html">https://www.gskusmedicalaffairs.com/stability-calculator.html</a> <a href="mailto:vaccine.service-center@gsk.com">vaccine.service-center@gsk.com</a>	<ul style="list-style-type: none"> <li>DTap (<b>Infanrix</b>)</li> <li>DTap-IPV (<b>Kinrix</b>)</li> <li>DTaP-Hep B-IPV (<b>Pediarix</b>)</li> <li>Hepatitis A Pediatric (<b>Havrix</b>)</li> <li>Hepatitis A-Hepatitis B 18 only (<b>Twinrix</b>) Hepatitis B Pediatric/Adolescent (<b>Engerix B</b>)</li> <li>HIBMENCY (<b>MENHIBRIX</b>)</li> <li>HPV -Bivalent Human Papillomavirus Types 16 and 18 (<b>Cervarix</b>)</li> <li>Influenza (Age 36 months and older) (<b>Fluarix Quadrivalent Preservative Free</b>)</li> <li>Influenza (Age 36 months and older) (<b>FluLaval Quadrivalent/ FluLaval Trivalent</b>)</li> <li>MENB – Meningococcal Group B (<b>Bexsero</b>)</li> <li>Meningococcal Conjugate (Groups A, C, Y and W-135) (<b>Menveo</b>)</li> <li>Rotavirus, Live, Oral, Oral (<b>Rotarix</b>)</li> <li>Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (<b>Boostrix</b>)</li> </ul>
Janssen	1-800-565-4008 <a href="http://www.janssenmd.com/janssen-covid19-vaccine">www.janssenmd.com/janssen-covid19-vaccine</a>	<ul style="list-style-type: none"> <li>Sars-COV-2 (<b>COVID-19</b>)</li> </ul>
MedImmune	1-877-633-4411 <a href="http://www.medimmune.com">www.medimmune.com</a>	<ul style="list-style-type: none"> <li>Influenza [5]</li> <li>Live, Intranasal (Age 2-49 years) (<b>FluMist® Quadrivalent No Preservative</b>)</li> </ul>
Merck	1-877-829-6372 <a href="http://www.merckvaccines.com">www.merckvaccines.com</a>	<ul style="list-style-type: none"> <li>Hepatitis A Pediatric (<b>Vaqta</b>)</li> <li>Hepatitis B Pediatric/Adolescent (<b>Recombivax HB</b>) Hib (<b>PedvaxHIB</b>)</li> <li>HPV - Quadrivalent Human Papillomavirus Types 6, 11, 16 and 18 Recombinant (<b>Gardasil</b>)</li> <li>Measles, Mumps and Rubella (MMR) (<b>M-M-R II</b>)</li> <li>MMR/Varicella (<b>ProQuad</b>)</li> <li>Pneumococcal Polysaccharide (23 Valent) (<b>Pneumovax23</b>)</li> <li>Rotavirus, Live, Oral, Pentavalent (<b>Rota Teq</b>)</li> <li>Varicella (<b>Varivax</b>)</li> </ul>
Moderna	1-866-663-3762 <a href="http://www.modernatx.com">www.modernatx.com</a>	<ul style="list-style-type: none"> <li>Sars-COV-2 (<b>COVID-19</b>)</li> </ul>

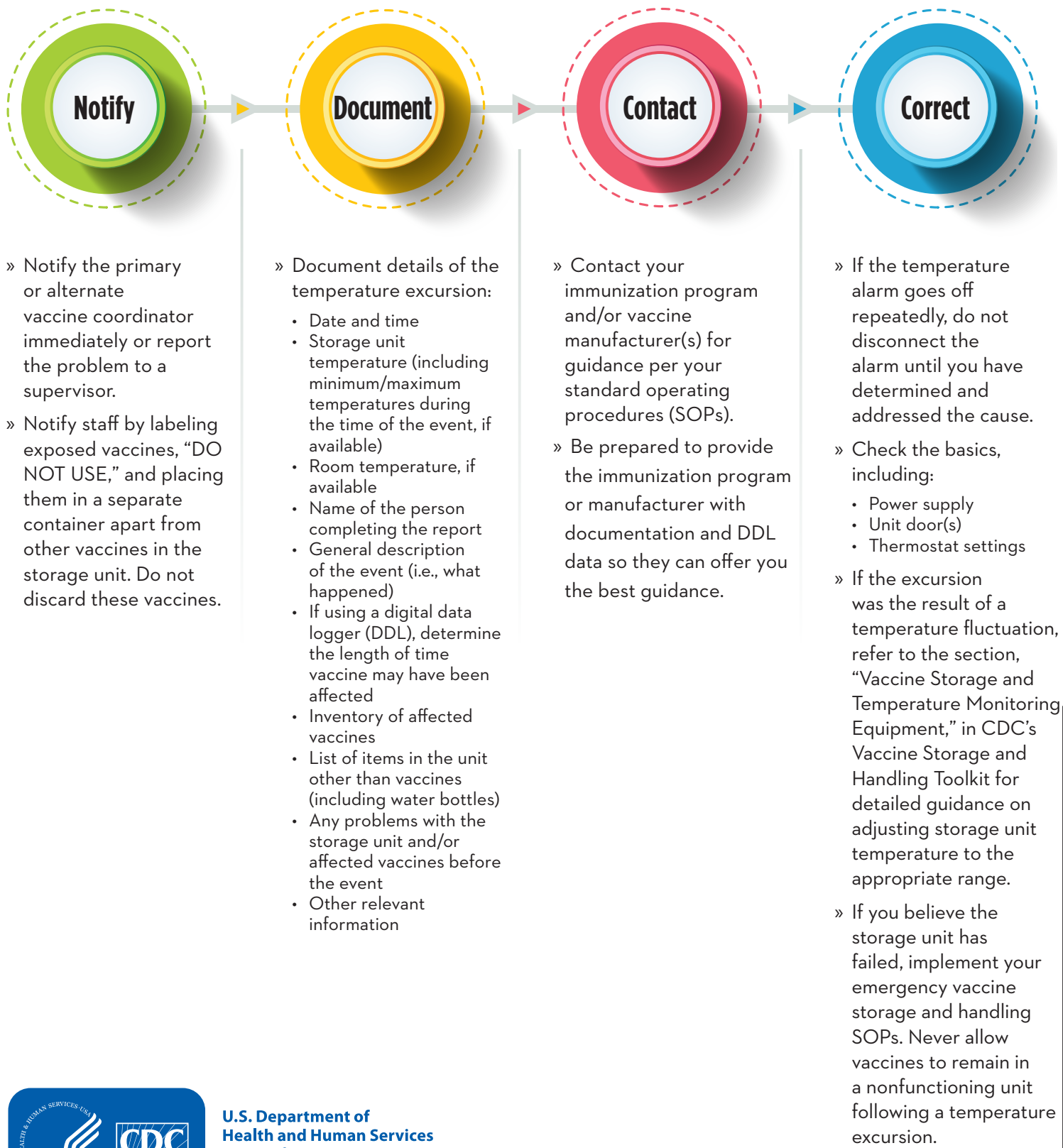
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Pfizer	1-800-505-4426 <a href="http://www.pfizer.com">www.pfizer.com</a>	<ul style="list-style-type: none"><li>• Pneumococcal 13-valent (<b>Prevnar 13 TM</b>)</li><li>• MENB – Meningococcal Group B (<b>Trumenba</b>)</li><li>• Sars-COV-2 (<b>COVID-19</b>)</li></ul>
Sanofi Pasteur	1-800-822-2463 <a href="http://www.sanofipasteur.us">www.sanofipasteur.us</a>	<ul style="list-style-type: none"><li>• DTap (<b>Daptacel</b>)</li><li>• DTaP-IP-HI (<b>Pentacel</b>)</li><li>• e-IPV (<b>IPOL</b>)</li><li>• Hib (<b>ActHIB</b>)</li><li>• Influenza (Age 36 months and older) (<b>Fluzone No-Preservative/Quadrivalent NoPreservative</b>)</li><li>• Meningococcal Conjugate (Groups A, C, Y and W-135) (<b>Menactra</b>)</li><li>• Tetanus &amp; Diphtheria Toxoids (<b>Tenivac</b>)</li><li>• Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (<b>Adacel</b>)</li><li>• Influenza (Age 6 months and older) (<b>Fluzone/Fluzone Quadrivalent</b>)</li></ul>

# Handling a Temperature Excursion in Your Vaccine Storage Unit

Any temperature reading outside ranges recommended in the manufacturers' package inserts is considered a temperature excursion. Identify temperature excursions quickly and take immediate action to correct them. This can prevent vaccine waste and the potential need to revaccinate patients.



**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention