

TEMPERATURE EXCURSION INCIDENT REPORT

NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE: VACCINES FOR CHILDREN (VFC) PROGRAM
347-396-2404 (Phone) • 347-396-2559 (Fax) • nycimmunize@health.nyc.gov

In the event of any VFC temperature excursions, please complete this form and file it with the relevant temperature logs. Make sure to file any documents from the manufacturer as well. This report must be readily available if requested by the VFC Program.

VFC Provider Site: _____ VFC PIN #: _____

Name: _____ Phone #: _____ Email: _____

Date of Occurrence: _____ Time of Occurrence: _____ Order ID: _____

IMMEDIATE ACTION TAKEN

1.	Was the Physician In-Charge, Vaccine Coordinator or Back-up Vaccine Coordinator notified of excursion? <input type="checkbox"/> YES <input type="checkbox"/> NO
2.	What was the temperature inside the affected storage unit(s) at the time the problem was discovered (Include Min & Max temperatures as well)? <i>*Please note that any temperature reading outside the recommended ranges (Refrigerator – between 36°F [2°C] & 46°F [8°C]; Freezer – between -58°F [-50°C] & +5°F [-15°C]) is considered a temperature excursion.</i> <input type="checkbox"/> Refrigerator Excursion Temperature _____ Min Temperature _____ Max Temperature _____ <input type="checkbox"/> Freezer Excursion Temperature _____ Min Temperature _____ Max Temperature _____
3.	How long were the vaccines exposed to inappropriate storage temperatures? Please record the total amount of time or cumulative time outside of range. _____
4.	What was the room temperature surrounding the affected unit at the time of the excursion? _____
5.	Were water bottles in refrigerator & frozen coolant packs in 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
7.	Were the 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 EMERGENCY PLAN as described within the VFC Vaccine Management Plan.</i>
8.	Has the vaccine manufacturer been contacted for further guidance? <input type="checkbox"/> YES <input type="checkbox"/> NO

CAUSE OF EXCURSION:

- Power Outage Unit(s) not plugged in or not turned on
- Prolonged opening of refrigerator /freezer door
- Temperature Monitoring device moved/misplaced
- Unit’s temperature control knob setting is incorrect
- Poor air circulation inside and outside the unit(s)
- Operational problems with the storage unit(s)
- Other _____

Type & Brand Name of Storage Unit Affected by Excursion:

- Small Stand-Alone Refrigerator
- Small Stand-Alone Chest Freezer
- Stand-Alone Freezer
- Regular Stand-Alone Refrigerator
- Regular Stand-Alone Chest Freezer
- Pharmaceutical Grade (Stand-Alone Freezer)
- Pharmaceutical Grade (Stand-Alone Refrigerator)
- Pharmaceutical Grade (Combined Refrigerator & Freezer)
- Small Household Refrigerator & Freezer (Refrigerator Only)
- Regular Household Refrigerator & Freezer (Refrigerator Only)
- Large Household Refrigerator & Freezer (Refrigerator Only)

Storage Unit Brand Name: _____ Model/Serial #: _____

Thermometer Brand Name: _____ Model/Serial #: _____



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VFC Vaccines, Manufacturer, Lot Number(s) & doses affected due to temperature excursion:

	Vaccine (Manufacturer) Place an 'X' in box next to spoiled vaccines	Vaccine Type	Lot Number(s)	Lot Expiration Date	New Expiration Date (if applicable)	Number of Doses
<input type="checkbox"/>	ActHIB® (PMC)	Hib				
<input type="checkbox"/>	Adacel® (PMC)	Tdap				
<input type="checkbox"/>	Boostrix® (SKB)	Tdap				
<input type="checkbox"/>	Cervarix® (SKB)	HPV				
<input type="checkbox"/>	Daptacel® (PMC)	DTaP				
<input type="checkbox"/>	Engerix B® (SKB)	Hep B				
<input type="checkbox"/>	Gardasil® (MSD)	HPV				
<input type="checkbox"/>	Havrix® (SKB)	Hep A				
<input type="checkbox"/>	Infanrix® (SKB)	Tdap				
<input type="checkbox"/>	IPOL® (PMC)	e-IPV				
<input type="checkbox"/>	Kinrix® (SKB)	DTaP- IPV				
<input type="checkbox"/>	Menactra® (PMC)	MCV4				
<input type="checkbox"/>	Menveo®(SKB)	MCV				
<input type="checkbox"/>	M-M-R®II (MSD)	MMR				
<input type="checkbox"/>	PedvaxHIB® (MSD)	HIB				
<input type="checkbox"/>	Pentacel® (PMC)	DTap-IPV				
<input type="checkbox"/>	Pneumovax®23 (MSD)	Pneumo				
<input type="checkbox"/>	Prevnar 13 TM (Wyeth)	Pneumo				
<input type="checkbox"/>	ProQuad® (MSD)	MMR-V				
<input type="checkbox"/>	Recombivax HB® (MSD)	Hep B				
<input type="checkbox"/>	Rotarix® (SKB)	ROTA				
<input type="checkbox"/>	RotaTeq® (MSD)	ROTA				
<input type="checkbox"/>	Tenivac® (PMC)	Td				
<input type="checkbox"/>	Twinrix® (SKB)	Hep A-B				
<input type="checkbox"/>	Vaqta® (MSD)	Hep A				
<input type="checkbox"/>	Varivax® (MSD)	VARICELLA				

Manufacturer Codes: *MSD*=Merck and Co., Inc., *PMC*= Sanofi Pasteur, *SEQ*= Seqirus, *SKB*=GlaxoSmithKline

NAME:	SIGNATURE:	DATE :
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