

TEMPERATURE EXCURSION INCIDENT REPORT

NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE: **VACCINES FOR CHILDREN (VFC) PROGRAM**

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: _____ Tele #: _____ Email: _____

Name of person reporting incident

Date of Occurrence: _____ Time of Occurrence: _____

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 35°F [2°C] & 46°F [8°C]; Freezer – between -58°F [-50°C] & +5°F [-15°C]) is considered a temperature excursion.</i>
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
8.	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>
9.	Has the vaccine manufacturer been contacted for further guidance? <input type="checkbox"/> YES <input type="checkbox"/> NO

***DO NOT DISCARD VACCINE UNLESS DIRECTED TO BY THE MANUFACTURER(S)**

MANUFACTURER’S CASE NUMBER: _____

BASED ON MANUFACTURER’S RESPONSE:

<input type="checkbox"/>	Quality of VFC vaccines has not been compromised and may continue to be used . [STOP HERE]
<input type="checkbox"/>	VFC vaccines are not approved for further use and should be identified as “spoiled”. [CONTINUE TO NEXT SECTION] <i>*Refer to NYC DOHMH’s VFC guidelines for spoiled vaccines.</i>

NAME: _____	SIGNATURE: _____	DATE: _____
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***PLEASE ATTACH COPIES OF ANY DOCUMENTS FROM THE MANUFACTURER TO THIS FORM**

DETAILS OF TEMPERATURE EXCURSION (list of vaccines continued on the next page)

Pediatric Influenza Vaccines & Lot Number(s) affected due to temperature excursion:	
<input type="checkbox"/> Afluria® _____ <input type="checkbox"/> Afluria® (NP) _____ <input type="checkbox"/> Fluarix® (PF) _____ <input type="checkbox"/> Fluarix® Quad (PF) _____ <input type="checkbox"/> FluMist®(NP) Quad _____	<input type="checkbox"/> Fluvirin® _____ <input type="checkbox"/> Fluvirin®(PF) _____ <input type="checkbox"/> Fluzone® _____ <input type="checkbox"/> Fluzone®(NP) _____ <input type="checkbox"/> Fluzone® Ped Dose (NP) _____
<i>* (NP) = No Preservative, (PF) = Preservative Free, & Quad = Quadrivalent</i>	



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DETAILS OF TEMPERATURE EXCURSION CONTINUED

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

- | | |
|---|---|
| <input type="checkbox"/> ActHIB® _____
<input type="checkbox"/> Adacel® _____
<input type="checkbox"/> Boostrix® _____
<input type="checkbox"/> Cervarix® _____
<input type="checkbox"/> Comvax® _____
<input type="checkbox"/> Daptacel® _____
<input type="checkbox"/> Engerix B® _____
<input type="checkbox"/> Gardasil® _____
<input type="checkbox"/> Havrix® _____
<input type="checkbox"/> Infanrix® _____
<input type="checkbox"/> IPOL® _____
<input type="checkbox"/> Kinrix® _____
<input type="checkbox"/> Menactra® _____
<input type="checkbox"/> Menveo® _____ | <input type="checkbox"/> M-M-R®II _____
<input type="checkbox"/> Pediarix® _____
<input type="checkbox"/> PedvaxHIB® _____
<input type="checkbox"/> Pentacel® _____
<input type="checkbox"/> Pneumovax®23 _____
<input type="checkbox"/> Prevnar 13 TM _____
<input type="checkbox"/> ProQuad® _____
<input type="checkbox"/> Recombivax HB® _____
<input type="checkbox"/> Rotarix® _____
<input type="checkbox"/> RotaTeq® _____
<input type="checkbox"/> Tenivac® _____
<input type="checkbox"/> Twinrix® _____
<input type="checkbox"/> Vaqta® _____
<input type="checkbox"/> Varivax® _____ |
|---|---|

Type & Brand Name of Storage Unit Affected by Excursion:

- | | |
|--|--|
| <input type="checkbox"/> Small Stand Alone Refrigerator
<input type="checkbox"/> Stand Alone Refrigerator
<input type="checkbox"/> Stand Alone Freezer
<input type="checkbox"/> Small Chest Freezer
<input type="checkbox"/> Regular Chest Freezer | <input type="checkbox"/> Small House Refrigerator
<input type="checkbox"/> Regular House Refrigerator
<input type="checkbox"/> Large House Refrigerator
<input type="checkbox"/> Commercial Fridge (Combined Refrigerator & Freezer Units)
<input type="checkbox"/> Commercial Fridge (Single Refrigerator/Freezer Unit) |
|--|--|

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

Thermometer Brand Name: _____ Model/Serial #: _____

Probable cause(s) for the temperature 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: _____

Description of problem and actions taken: _____

