



Facility Incident Report

Facility Name:

Facility PIN:

Immunization Program Staff to Whom Incident Reported:

Report Date:

Describe incident in detail, including all actions taken:

Date of Loss:

From *VacTrAK Vaccine Return*

Total Doses:

Total Value:

Did you implement your Emergency Response Plan? Yes No

If yes, was your Emergency Response Plan effective? Yes No

Based on this incident were changes made to your Emergency Response Plan? Yes No

Signature of Enrolling Provider **Date**
As the enrolling provider I have reviewed this report and the
Emergency Response Plan.

Person Completing Form (Print) **Date**