



Complete and submit this report only when temperatures have gone out of range for state-supplied pediatric vaccine in your facility. (If event occurred during distribution/transport or a mass vaccination or offsite clinic, contact 1-888-430-4321 or 269-8088 and request assistance from vaccine inventory staff for those excursions.)

In the event of an excursion:

- Immediately mark vaccine "Do Not Use".
- Take immediate steps to store vaccine at appropriate temperature. If applicable, use your emergency plan. (See [transport instructions](#) if vaccine is to be moved.)
- Contact [manufacturer\(s\)](#) to determine vaccine viability after downloading temperature monitoring device data.
 - Nonviable vaccine: Remove from unit (quarantine to prevent usage); [reconcile inventory](#); [return/discard](#) appropriately.
 - Viable vaccine: On vaccine package, identify excursion and write shortened expiration date, rotate stock accordingly.

Facility Name: _____ PIN: _____ Report Date: _____

Contact Name: _____ Phone: _____

Date(s) of excursion(s): _____

Was vaccine visibly marked "Do Not Use" upon discovery to prevent administration prior to determining viability? Yes No

Did you place the vaccine in a unit to be stored in proper conditions, if applicable? Yes No N/A

Did you contact the vaccine manufacturers to determine vaccine viability? Yes No

Was any vaccine determined to be no longer viable? Yes No

- Event
- | | | |
|--|--|--|
| <input type="checkbox"/> Door left open | <input type="checkbox"/> Unit unplugged | <input type="checkbox"/> Unit mechanical failure |
| <input type="checkbox"/> High activity (inventory, etc.) | <input type="checkbox"/> DDL usage error | <input type="checkbox"/> Monitoring device failure |
| <input type="checkbox"/> Unit temp adjustment | <input type="checkbox"/> Vaccine storage error | <input type="checkbox"/> Power failure |
| <input type="checkbox"/> Defrost cycle | Other (explain): _____ | |

Describe incident in detail

Describe actions taken; and implementations made to prevent incidents in the future as applicable

- Keep a copy of this report for your records for a minimum of three years.

OR email completed report to vcf@alaska.gov (or fax to 562-7802).

Include in subject line: facility PIN, facility name, and "VFC temperature excursion report" to ensure appropriate processing.

Alaska Immunization Helpline 269-8088 (in Anchorage) or 888-430-4321.