



Vaccine Incident Report and Return Form

Health care providers participating in the Washington State Childhood Vaccine Program and who receive state supplied vaccine are required to report all vaccine incidents that result in vaccine that can not be used (including expired, spoiled, wasted, missing or transferred from state to private inventories). Use this form for incidents and returns of childhood vaccines (except influenza). Please type or print all information legibly.

Date: _____ Vaccine Ordering PIN: _____
 Provider/Clinic Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Name: _____ Telephone: _____
 LHJ Name: _____ Date LHJ was contacted: _____

Step 1. [For all incidents] Record the number of doses, vaccine product details, and the reason for the vaccine incident. Use last pages for additional lot numbers.

Vaccine	Number of Doses	Manufacturer	Lot Number	Expiration Date	Incident Code (see below)
DT					
DTaP					
DTaP-Hep B-IPV					
DTaP-IPV-Hib					
Hep A					
Hep B					
Hib					
HPV					
IPV					
MCV					
MMR					
MMR-V					
PCV					
PPSV					
Rotavirus					
Td					
Tdap					
Varicella					

Vaccine incident reason codes and instructions to complete form:

1. Expired	4. Lost or Missing
2a. Spoiled: Too warm refrigerator storage	5a. Transfer from state to private due to private order delay
2b. Spoiled Too cold refrigerator storage	5b. Transfer from state to private due to non-viable delivery
2c. Spoiled: Too warm freezer storage	5c. Transfer from state to private due to other (specify)
3. Wasted (spillage, breakage, etc.) – LHJ will determine if this form is required for each wasted vaccine incident.	

Please FAX completed form to your Local Health Jurisdiction

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Step 2. [For all incidents] Describe the reason for vaccine incident that results in vaccine being expired, spoiled or unusable and the corrective action to prevent future instances of vaccine becoming non-viable or unusable.

<p><u>Date of incident:</u> _____</p> <p><u>Reason for incident:</u></p>
<p><u>Corrective Action to prevent future incidents:</u> (include date vaccine returned to state supplied stock for transfer incidents)</p>

Step 3. [For spoiled vaccine incidents – reasons 2a-2c] Please answer the following for vaccine that is spoiled due to exposure to out-of-range temperatures.

1. Was the spoiled known to have been exposed to more than one out-of-range storage temperature?
Answer "Yes" if the decision to waste the vaccine was based upon a history of more than one improper storage incident involving the vaccine.
 YES **NO**

2. How long was the vaccine outside the proper temperature range? For refrigerator storage: 2°C/35°F through 8°C/46° F. For freezer storage: above -15°C/+5°F?
In hours: _____ *Report the actual time out of range in hours; if known, report the time from the most recently recorded in-range temperature until the discovery of the problem (in hours). (1 day = 24 hrs; 2 weeks=336 hrs; 60 days=1440 hrs)*

3. Was the out-of-range temperature the result of the vaccine being left outside of the refrigerator or freezer?
 YES **NO**

4. What type of refrigerator was involved? (Select all that apply)

<input type="checkbox"/> Combination refrigerator / freezer with <input type="checkbox"/> separate thermostats OR <input type="checkbox"/> single thermostat OR <input type="checkbox"/> Unknown
<input type="checkbox"/> Stand-alone refrigerator, household style
<input type="checkbox"/> Stand-alone refrigerator commercial style
<input type="checkbox"/> Stand-alone refrigerator, "purpose-built" for storage of vaccines (e.g. laboratory or pharmacy grade)
<input type="checkbox"/> "Dormitory style" refrigerator (small, typically with interior freezer-box that has no external door)
<input type="checkbox"/> Type of refrigerator unit is unknown

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