



SC VFC Program Vaccine Storage and Handling Event Documentation Form

Date: _____
 PIN: _____
 Provider Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 Contact Person: _____

Type of Event (Please Indicate):

- Compromised Shipment
 Monitoring Issue
 Vaccine Stability
 Other (Explain): _____
 Improper Storage
 Equipment Issue
 Provider Vaccine Question

Temperature History/Record:

<input type="checkbox"/> Celsius <input type="checkbox"/> Fahrenheit	Last Known in Range Temp	Date	Time	Temp at Recognition of Event	Date	Time	Ambient Temp
Refrigerator							
Freezer							
Shipment Box							

Type of Storage or Shipment Unit:

- Stand Alone Refrigerator
 Stand Alone Freezer
 Combo Refrigerator/Freezer (1 thermostat)
 Combo Refrigerator/Freezer (2 thermostats)
 McKesson Box
 Manufacturer Box
 Dorm Unit: Used for permanent storage?
 Yes No

Thermometer or Monitor Placement:

- Freezer: Yes No
 Refrigerator: Yes No
 Centrally Placed in Unit: Yes No
 Calibrated: Yes No
 Date of last Calibration: _____
 Shipment Box Heat Monitor Yes No
 Shipment Box Freeze Monitor: Yes No

Amount of time the unit's temperature was outside normal range:

Checklist for Provider:

- Close the door tightly and/or plug in the unit
 Ensure the vaccine is kept at appropriate temperatures
 Make sure the unit is working properly or move
 the vaccine to a unit that is
 Record action taken on temperature logs

Manufacturers Advised to Contact:

- GlaxoSmithKline: (866) 475-8222
 MedImmune Inc.: (877) 633-4411
 Merck & Co., Inc.: (800) 637-2579
 Novartis Vaccines: (800) 244-7668
 Pfizer Inc.: (800) 934-5556
 Sanofi Pasteur: (800) 822-2463

DHEC STAFF:

Call Taken By: _____
 Date / Time: _____

Description of Event: (Include all relevant information with dates and times of communication, information leading to event, actions taken subsequent to event recognition).

Response: (Actions, interim guidance, recommendations).

Date of Closure:

Final Recommendations/Guidance:

Immunization Division's Checklist for Event:

Temperature Logs Requested: Yes No , if Yes, Date _____

Temperature Logs Received: Yes No , if Yes, Date _____

Vaccine Manufacturers Contacted: Yes No

Manufacturers' Recommendations Received: Yes No

Regional Immunization Manager Contacted: Yes No

Site Visit Recommended: Yes No

Date of Last Site Visit: _____

Previous Storage and Handling Incidents: Yes No

Has wastage been reported to Fraud and Abuse Database? Yes No

Has the wastage been reported in CDC Software or added to Wastage Spreadsheet? Yes No

Total Cost of Waste for this event: \$ _____

Revaccination for children requested? Yes No

**SC VFC Program Vaccine Storage and Handling Event Documentation Form
Instructions for Completing DHEC 2387**

Purpose:

The purpose of the Vaccine Storage and Handling Event Documentation Form is to record and respond to vaccine storage and handling events that occur with vaccine that has been distributed through Department of Health and Environmental Control programs.

Item-By-Item Instructions:

1. DHEC staff member who responds to a report of improper vaccine storage and handling will enter identifying information for the PIN involved in the event to include the Date, PIN, Provider Name, Address, City/State/Zip, Phone and Fax Number, as well as the contact at the facility who is reporting the event.
2. The type of storage and handling event will be indicated on the form.
3. DHEC staff member will record under the "Temperature History/Record" Section information concerning the past temperatures of the refrigerator, freezer, and/or shipment box in question. All information is required for each unit in question. Indicate whether temperatures are recorded in Celsius or Fahrenheit.
4. The type of storage unit or shipment unit where the vaccine was stored during the event will need to be indicated on the form under the section "Type of Storage or Shipment Unit."
5. The "Thermometer or Monitor Placement" section will need to be completed. All information is required.
6. The amount of time the unit's temperature was outside normal range will need to be completed.
7. The DHEC staff member will review the "Checklist for Provider" with the contact at the facility to ensure the unit's doors are closed tightly, the unit is plugged in, and that the vaccine is stored at appropriate temperatures.
8. The DHEC staff member will check which manufacturers are to be contacted concerning the storage and handling event.
9. The "Description of Event" section will need to be completed and include all relevant information with dates and times of communication, information leading to the event, and actions taken subsequent to event recognition.
10. The "Response" section will need to be completed and contain all actions taken, interim guidance, and recommendations that resulted from the event.
11. The "Date of Closure" section will need to have the date recorded when the event has been closed.
12. All final recommendations from manufacturers and the Immunization Division will need to be recorded under "Final Recommendations/Guidance."
13. The section, "Immunization Division's Checklist for Event" will need to be completed. All information is required.
14. The DHEC Staff Member who responds to the call will need to record their information on Page 1 of the form in the box provided.

Office Mechanics and Filing:

1. File this completed form in the Provider's file.
2. Maintain this form for (3) three years.