

San Francisco Department of Public Health



Communicable Disease Prevention Unit

Population Health Division
101 Grove Street, Room 406
San Francisco, CA 94102
415-554-2955
Fax 415-554-2579

STORAGE AND HANDLING INCIDENT SUMMARY

Please complete this form and email it to immunization@sfdph.org each time a temperature excursion is experienced

How to Respond to a Temperature Excursion:

1. Label vaccines "DO NOT USE" until further advised, and store vaccines in a unit with an acceptable temperature range.
2. Call the SFDPH Immunization Program at (415) 554-2955.
3. Call the vaccine manufacturer to determine the viability of exposed vaccines.
(Visit <https://www.cdc.gov/vaccines/hcp/admin/storage/downloads/manufact-dist-contact.pdf>)

PRACTICE/CLINIC NAME	REPORT DATE	DISCOVERY DATE/TIME
NAME OF PERSON REPORTING	PHONE	EMAIL

**If you are a VFC provider, please only fill in the above information and submit it along with: 1) a copy of a VFC storage and handling incident report and 2) copies of your temperature logs for the past 2 weeks.*

Problem:

- | | |
|--|--|
| <input type="checkbox"/> Refrigerator too warm [above 46.0°F (8.0 °C)] | <input type="checkbox"/> Refrigerator too cold [below 36.0°F (2.0 °C)] |
| <input type="checkbox"/> Freezer too warm [above 5.0°F (-15.0 °C)] | <input type="checkbox"/> Storage unit malfunction |
| <input type="checkbox"/> Broken thermometer | <input type="checkbox"/> Door left open |
| <input type="checkbox"/> Unit unplugged | <input type="checkbox"/> Power outage |

Storage Unit:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Stand Alone | <input type="checkbox"/> Under-counter |
|--------------------------------------|--|

Unit Grade:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Household |
|---|------------------------------------|

Thermometer:

Model: _____ Expiration Date: _____

Please use this box to provide additional details about the excursion.

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Please list vaccine name(s), lot numbers, and number of doses exposed during this incident.

(Please only list vaccines that were issued by the SFPDH Immunization Program):

Vaccine:	Lot Number:	# Doses Exposed:

(Please attach an additional page if you need more space):

Please explain the outcome of the incident: