



Washington State Department of Health
 Immunization Program CHILD Profile
Vaccine Incident Report and Return Form

DOH USE ONLY
 VTrcks No:
 Return ID-Expired:
 Return ID-Spoiled:
 Return ID-Wasted:

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 (Provider) PIN: _____

Provider/Clinic Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Telephone: _____

LHJ Name: __Whatcom County Health Dept.__ Date LHJ was contacted: _____

Step 1. [For all incidents, except Flu] 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	NDC Number	Lot Number	Expiration Date	Incident Code (see below)
DT						
DTaP						
DTaP-Hep B-IPV						
DTaP-IPV-Hib						
DTaP-IPV						
Hep A						
Hep B						
Hep B-Hib						
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.

Form with fields for Date of incident, Reason for incident, and Corrective Action to prevent future incidents.

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?
2. How long was the vaccine outside the proper temperature range?
3. Was the out-of-range temperature the result of the vaccine being left outside of the refrigerator or freezer?
4. What type of refrigerator was involved? (Select all that apply)

Form with checkboxes for refrigerator types: Combination refrigerator / freezer with separate thermostats OR single thermostat OR Unknown, Stand-alone refrigerator, household style, Stand-alone refrigerator commercial style, Stand-alone refrigerator, 'purpose-built' for storage of vaccines, 'Dormitory style' refrigerator, Type of refrigerator unit is unknown.

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