



Washington State Department of Health  
Office of Immunization and 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 cannot 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: \_\_\_\_\_ 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**

## Vaccine Incident Report and Return Form

**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.

Date of incident: \_\_\_\_\_

Reason for incident:

Corrective Action to prevent future incidents:  
(include date vaccine returned to state supplied stock for transfer 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?  
*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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# Vaccine Incident Report and Return Form

**Use to record additional NDC or lot numbers**

Please print or type legibly.

[illegible]

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3. Wasted (spillage, breakage, etc.) – LHH will determine if this form is required for each wasted vaccine incident.	

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If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY call 711).

**Please FAX the completed form to your Local Health Jurisdiction**

Additional Form Page