



Vaccine Return and Emergency Response Worksheet

A. In order to return expired/spoiled vaccine

Practice Name: _____

SSV PIN: _____ Date: _____

Follow these procedures:

1. Record the required vaccine information in the table below.
2. Fax report to **401-222-3805** for return authorization.
3. Once return authorization is approved, return expired/spoiled vaccine to the distributor.
4. Pack expired/spoiled vaccine and a copy of your approved return authorization into shipping container received by distributor (monthly order container).

Return Authorization Status: (DOH use only)

Approved by: _____

Vaccines Stored in Refrigerator (Appropriate temperature range 35° - 46°F or 2° - 8°C)

Vaccine	Manufacturer	Lot #	Expiration Date	# of Doses	Reason for return / Emergency action taken

Vaccines Stored in Freezer (Appropriate temperature range 5°F or -15°C or colder)

Vaccine	Manufacturer	Lot #	Expiration Date	# of Doses	Reason for return / Emergency action taken

B. In case of a power failure or other event that results in vaccine storage outside of the recommended temperature range

Follow these procedures:

1. Close the door tightly and/or plug in the refrigerator/freezer.
2. Store the vaccines at appropriate temperatures. Make sure the refrigerator/freezer is working properly or move the vaccines to a unit that is. Do not discard the affected vaccines. Separate or mark the vaccines so that the potentially compromised vaccines can be easily identified.
3. Call the manufacturer(s) and notify the state health department (see phone numbers below).
4. Record action taken and fax report to **401-222-3805**.

Record this information*:

1. Temperature of refrigerator: current _____ max. _____ min. _____
2. Temperature of freezer: current _____ max. _____ min. _____
3. Air temperature of room where refrigerator is located: _____
4. Estimated amount of time the unit's temperature was outside normal range:
Refrigerator hrs: _____ min: _____ Freezer hrs: _____ min: _____
5. Vaccines in the refrigerator/freezer during the event. (use the table below)

*Using a recording thermometer is the most effective method of tracking the refrigerator and freezer temperatures over time. Visually checking thermometers twice daily is required as part of your enrollment and agreement to participate with the SSV program.

Other Conditions

1. Prior to this event, was the vaccine exposed to temperatures outside the recommended range? Y N
2. Were water bottles in the refrigerator and ice packs in the freezer at the time of this event? Y N
3. Other: _____

Manufacturers

- GlaxoSmithKline (866) 475-8222
- MedImmune, Inc. (877) 633-4411
- Merck & Co., Inc. (800) 637-2579
- Novartis Vaccines (800) 244-7668
- Sanofi Pasteur (800) 822-2463
- Wyeth Vaccines (800) 572-8221

Questions:

Rhode Island Department of Health State Supplied Vaccine (SSV) Program
Phone: (401) 222-4639 / Fax: (401) 222-3805