Vaccine Storage Troubleshooting Record (check one) ◯ Refrigerator ◯ Freezer ◯ Ultra-Cold Freezer

Use this form to document any unacceptable vaccine storage event, such as exposure of vaccines to temperatures that are outside the manufacturers' recommended storage ranges.

Date & Time of Event If multiple, related events occurred, see Description of Event below.	**Storage Unit Temperature** at the time the problem was discovered		**Room Temperature** at the time the problem was discovered	**Person Completing Report**	
Date:	Temp when discovered:		Temp when discovered:	Name:	
Time:	Minimum temp:	Maximum temp:	Comment (optional):	Title:	Date:

Description of Event (If multiple, related events occurred, list each date, time, and length of time out of storage.)

- General description (i.e., what happened?)
- Estimated length of time between event and last documented reading of storage temperature in acceptable range (2°C to 8°C [36°F to 46°F] for refrigerator; -50°C to -15°C [-58°F to 5°F] for freezer; -90°C to -60°C [-130°F to -76°F] for ultra-cold freezer).
- Inventory of affected vaccines, including (1) lot numbers and (2) whether purchased with public (e.g., VFC) or private funds. Document this information on the *Vaccine Storage Emergency Response Worksheet* (see www.immunize.org/catg.d/p3051.pdf) or a separate sheet, and maintain the inventory with this troubleshooting record.
- At the time of the event, what else was in the storage unit (were there water bottles in the refrigerator and/or frozen coolant packs in the freezer)?
- Prior to this event, have there been any storage problems with this unit and/or with the affected vaccines?
- Include any other information you feel might be relevant to understanding the event.

Action Taken (Document thoroughly. This information is critical to determining whether the vaccine might still be viable.)

- When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine. Store exposed vaccine in proper conditions and label it "do not use" until after you can discuss with your state/local health department and/or the manufacturer[s].)
- Who was contacted regarding the incident (e.g., supervisor, state/local health department, manufacturer—list all)?
- What did you do / are you currently doing to prevent a similar problem from occurring in the future?

Results

- What happened to the vaccine?
- Was the vaccine able to be used? If not, was it returned to the distributor? (Note: For public-purchased vaccine, follow your state/local health department instructions for vaccine disposition.)