



State of Nevada
 Dept of Health and Human Services
 Nevada State Immunization Program
 4150 Technology Way, Suite 210
 Carson City, NV 89706
 Phone: (775) 684-5900 Fax: (775) 684-8338

Vaccine Incident Report

(Print clearly)

Facility Name: _____ PIN # _____

Reported by: _____ Telephone # _____ Date Reported: _____

Date of incident and refrigerator temperature at time incident discovered: Date: _____ F or _____ C

Date and time of last recorded temp before incident: _____ at _____ am/pm _____ F or _____ C

Amount of time the temperature was outside normal range: Refrigerator _____ Freezer _____

Vaccines were moved to a working refrigerator/freezer post event: Yes No

Description of incident: DO NOT THROW OUT AFFECTED VACCINES- (do not assume vaccines are not viable)

What steps will be taken to prevent this from happening in the future?

Report of viability from manufacturer (required):

Complete section below for all vaccines affected by the event: (use additional page if necessary)

Vaccine Brand Name	Manufacturer	Lot No.	Exp. Date	No. of Doses	Vial Open or Closed	Disposition Per manufacturer i.e.: *wasted, exp date changed, etc

*For wasted vaccine, please complete the "UPS Pickup Request Form for Expired or Spoiled Vaccine"

Vaccine Incident Report (additional page)

(Print clearly)

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