

Vaccine Storage Troubleshooting Worksheet



Complete both sides to record any vaccine storage issue, such as exposure to temperatures outside manufacturers' recommended storage ranges.

Date and Time of Event	Storage Unit Temperature	Room Temperature	Person Completing Report
Date:	Temp when discovered:	Temp when discovered:	Name & Title:
Time:	Min temp: Max temp:		Facility: Date:
Event Description (If multiple related events occurred, list each date, time, and length of time out of storage.)			
Describe what happened, including whether the affected vaccine was administered to any patients.			
Estimate the length of time between the event and the last documented storage temperature reading in an 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).			
List inventory of vaccines on the back of this page. List what else was in the storage unit at the time of the event here (i.e., water bottles in the refrigerator and/or frozen coolant packs in the freezer).			
Describe any prior problems with this unit and/or with the affected vaccines, including any previous temperature excursions.			
Include any other information that might be helpful to understand this event (i.e., a cracked door seal).			
Action Taken			
Describe what happened to the vaccine, including what time it was placed in proper storage conditions. (Move exposed vaccine to the correct storage conditions and label it "DO NOT USE –TEMPERATURE EXCURSION" until you receive further guidance from the immunization program and/or the manufacturer(s). Do not discard the vaccine.)			
List who was contacted regarding the event (e.g., supervisor, immunization program, manufacturer).			
Describe what prevention measures were implemented to avoid a similar event in the future.			
Results (For public-purchased vaccine, follow the immunization program's instructions for vaccine disposition.)			
Describe what happened to the vaccine, including whether it was able to be used (e.g., shortened expiration date, discarded, or returned).			

Storage Unit Description (e.g., Freezer #1)	Vaccine	Manufacturer	Lot Number(s)	Expiration Date(s)	Number of Doses (actual doses, not vials)	Funding Source (Public/VFC or Private)	Excursion History & Total Out-of-Range Duration (e.g., 1 prior on 7/16/26; 25 minutes total)

MANUFACTURER CONTACT INFORMATION

AstraZeneca 800-236-9933	Dynavax 844-375-4728	Merck 800-672-6372	Pfizer 800-438-1985
Bavarian Nordic 844-422-8274	Emergent Biosolutions 888-483-9053	Moderna 866-663-3762	Sanofi 800-633-1610
CSL Seqirus 855-358-8966	GSK 877-356-8368	Novavax 844-668-2829	Valneva 844-349-4276