Temperature Excursion Reporting Form

This form should be used to document any temperature excursions that your site experiences. Keep detailed notes of all problems and resolutions on this form. All Temperature Excursion Reporting Forms must be uploaded into the MIIS. Uploading this form into the MIIS satisfies the Vaccine Program record retention requirement for maintaining documents for at least 3 years. **One Temperature Excursion Reporting Form must be completed for each out-of-range unit. You cannot report multiple out-of-range units on the same Temperature Excursion Reporting Form.**

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| --- | --- | --- | --- | --- |
| Practice Name | |  |  | PIN |
| Staff Completing Form | | | | Date of Excursion |
| * Fridge | * Freezer | Name of Storage Unit Impacted |  |  |
| *Note: Please list the name of the storage unit as it appears in MIIS profile* | | | |  |

|  |  |  |
| --- | --- | --- |
| What is the Total Time the Vaccines Were Out of Range? | | |
| Did the Storage Unit become too warm? | * Yes | * No |
| If yes, what is the maximum temperature reached (C°)? | | |
| Did the Storage Unit become too cold? | * Yes | * No |
| If yes, what is the minimum temperature reached (C°)? | | |

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| Key Steps Taken: |  |  |  |  |  |  |  |
| Have the vaccines been quarantined and appropriately labeled “Do Not Administer”? | | | | | | * Yes | * No |
| Were vaccines administered after the excursion began? | | * Yes | * No | |  |  |  |
| Has your Medical Director been informed of the temperature excursion? | | | | * Yes | * No | |  |
| What caused the temperature excursion? | | | | | | | |
| * Storage Unit Malfunction | * Power Outage | * Shipment/Delivery Issue | | | | * Vaccine Storage Problem | |
| * Other (*please explain):* |  |  |  |  |  |  |  |
| Is the storage unit back in the proper temperature range? | | * Yes | | * No | What is the current temperature (C°)? | | |
| Please provide additional details of the cause of the temperature excursion: | | | | |  | | |

**Please Note: Please clearly indicate viability results as either viable, non-viable, or short-dated in the viability results column**. When determining vaccine viability only use the website tools if it is the vaccine’s first excursion**. If the vaccine has already experienced a previous excursion, always call the manufacturer directly for viability determinations. All manufacturers contact information can be found at** [**immunize.org.**](https://www.immunize.org/resources/manufact_vax.asp) If you need additional space to track all lot numbers involved in the excursion, please utilize the table on Page 3.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Vaccine Name & NDC** | **Lot Number** | **Number of Doses** | **Expiration Date**  (Include short- dated expiration) | **Previous Excursion Details** | **Viability Results** | **How Was Viability Determined** | **Manufacturer Case Number** |
| **HPV 00006-4121-02** | **ABC123** | **10** | **7/7/2025** | **1/3/23 +8.7C for 52 minutes** | **Viable** | **☒ Direct Call**   * **Website** | **# 456789** |
|  |  |  |  |  |  | * **Direct Call** * **Website** |  |
|  |  |  |  |  |  | * **Direct Call** * **Website** |  |
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**IMPORTANT**: We highly suggest waiting to hear back from the Vaccine Unit regarding the continued use of any affected units/vaccines, but if the Vaccine Unit is not available and your site feels there may be missed opportunities to administer viable vaccines, it is at the discretion of your site’s Medical Director to approve continued used. Please have them sign below:

Medical Director name/credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Vaccine Name & NDC** | **Lot Number** | **Number of Doses** | **Expiration Date**  (Include short- dated expiration) | **Previous Excursion Details** | **Viability Results** | **How Was Viability Determined** | **Manufacturer Case Number** |
|  |  |  |  |  |  | * **Direct Call** * **Website** |  |
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|  |  |  |  |  |  | * **Direct Call** * **Website** |  |

**To Be Completed By Vaccine Program Staff Only**

**This page includes all follow-up actions regarding your site’s temperature excursion that are being requested by the Vaccine Program. This page should be completed by Vaccine Program staff only. Please ensure the final copy, with the listed Vaccine Program follow-up actions is uploaded into the MIIS as part of the record retention policy.**

**Vaccine Program Comments:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Storage and Handling Issue Submission Required?** | * Yes | * No |  |
| If **Yes**, submit a storage and handling issue ([mini guide](https://resources.miisresourcecenter.com/trainingcenter/Storage%20Handling%20Problem_2018_Mini%20Guide.pdf)) in MIIS for the non-viable vaccines listed above | | | |
| If **No**, mark and date all boxes of vaccines impacted by the temperature excursion | | | * Site has been informed |

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| **Storage Unit Follow-Up Required?** | | | * Yes | * No |  |  |  |  |  |
| Your site must have your storage unit serviced by a technician | | | | | | * Yes | * No |  |  |
| Your site must purchase a new storage unit | | | | * Yes | * No |  |  |  |  |
| Your site will be receiving a new glycol bottle/digital data logger from the Vaccine Program | | | | | | | | * Yes | * No |
| Other | * Yes | * No | | | | | |  |  |
| *If yes, please explain*: | | | | | | | |  |  |

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| --- | --- | --- |
| **Approval to Remove Impacted Vaccines From Quarantine and Begin Administering?** | * **Yes** | * **No** |