

Temperature Excursion Incident Report

In the event of a temperature excursion

- Store the affected vaccines at appropriate temperatures. Ensure the refrigerator/freezer is working properly or move the vaccines to a unit that is.
- Do not discard or administer the affected vaccines. Mark the vaccine "Do Not Use" so the potentially compromised vaccines can be easily identified.
- Download and save digital data logger information related to the temperature excursion.
- Contact vaccine manufacturers to determine viability. Manufacturers information is below.
- Email/fax completed Temperature Excursion Incident Report to VFC@wi.gov or 608-267-9493 within two weeks of the incident.
- If vaccine has been administered before the excursion was identified, and vaccine was identified as non-viable (spoiled), email VFC@wi.gov for further guidance.

Facility information

Facility name: _____

Facility city and county: _____

PIN: _____

Name of person reporting incident: _____

Phone number: _____ Email: _____

Excursion information

Date of occurrence: _____ Time of occurrence: _____

Where was the vaccine being stored when it was exposed to out-of-range temperatures? Check all that apply.

- ☐ Refrigerator
- ☐ Freezer
- ☐ Transport/shipping container
- ☐ Room temperatures (vaccine inadvertently left out of storage unit).

Temperature information

Any temperature reading outside the recommended ranges are considered a temperature excursion:

Refrigerator—between 36°F [2°C] and 46°F [8°C] and Freezer—between -58°F [-50°C] and +5°F [-15°C]

How long was the vaccine exposed to out-of-range temperatures?

Record the total amount of time outside of range: _____

Briefly describe what happened to cause the temperature excursion:

What was the temperature inside the affected storage unit(s)/room at the time the problem was discovered? Include both minimum and maximum temperature and room temperature.

☐ Refrigerator

Minimum: _____ ☐ °C or ☐ °F Maximum: _____ ☐ °C or ☐ °F

☐ Freezer

Minimum: _____ ☐ °C or ☐ °F Maximum: _____ ☐ °C or ☐ °F

☐ Shipping container

Minimum: _____ ☐ °C or ☐ °F Maximum: _____ ☐ °C or ☐ °F

☐ Room temperature _____ ☐ °C or ☐ °F

Follow up actions

Have the vaccine manufactures been contacted to determine viability as required? ☐ Yes ☐ No

Online stability calculators:

- [GlaxoSmithKline](#)
- [Sanofi-Pasteur](#)
- [Merck](#)
- [Pfizer](#)

Phone numbers:

- Dynavax: 844-375-4728
- GlaxoSmithKline: 888-825-5249
- Massachusetts Biological Labs: 617-474-3220
- MedImmune: 877-633-4411
- Merck: 800-672-6372
- Pfizer: 800-438-1985
- Sanofi-Pasteur: 800-822-2463
- Seqirus: 855-358-8966

Was the vaccine deemed viable by the vaccine manufacturer? ☐ Yes ☐ No

If no, submit a [Vaccine Return—Request for Authorization to Return, F-02287](#) to return the spoiled vaccine. Only include vaccine related to the temperature excursion on the return form.

Briefly describe what actions will be taken to avoid this issue in the future:

Submit this form and the vaccine return form if applicable to VFC@wi.gov.

In the subject line, indicate Temperature Excursion and the facility's PIN.

Temperature Excursion forms can also be faxed to the Immunization Program: 608-267-9493

Signature—person completing report: _____

Name—printed: _____ Date signed: _____