



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

Cocooning Program Vaccine Request and Accountability Report

Facility Name:	
Contact:	
Direct Phone Line:	

Reporting Period

PIN:

Special Projects Form 1
 Vaccine Request & Accountability

PLEASE PRINT CLEARLY - DO NOT ZERO FILL BOXES

PLEASE PRINT CLEARLY	Vaccine	Begin. Inv. (1)	Doses Received (2)	Doses Transf. In (3)	Doses Admin'd (4)	Doses Transf Out (5)	Doses Exp/Wast'd (6)	End. Inv. 1+2+3-4-5-6	End of Mo. Refrig. Count	Doses Requested	Pkg Doses	Check " <input type="checkbox"/> " next to selection to choose syringes	Vaccine
	Adacel - Sanofi		+	+	-	-	-	=			10	Adacel - Sanofi Syr <input type="checkbox"/> 49281-0400-(10) SDV (15) Syr	Tdap
	Boostrix - GSK		+	+	-	-	-	=			10	Boostrix - GSK Syr <input type="checkbox"/> 58160-0842-(11) SDV (52) Syr	

Form 1: Vaccine Request and Accountability Report

- Complete all the heading information:
 - o Facility Name: official name of the facility (do not abbreviate nor use physician name unless that is the legal name of the practice)
 - o Primary Vaccine Contact name
 - o Direct Phone Line
 - o PIN Number
- Reporting period (always begins the first day of the month and ends the last day of the month);
- Denote "Beginning Inventory" (this is the beginning inventory on the 1st day of the month and the same as the "End of the Month Refrigerator Count" for the previous month). Do not include privately purchased vaccines on NSIP reporting forms;
- Denote "Doses Received" (these are the state supplied vaccines received from the distributor McKesson during the month);
- Denote "Doses Transferred In" (these are the state supplied vaccines received from another enrolled state provider);
- Denote "Doses Administered" (how many doses of state supplied vaccine the facility administered during the month);
- Denote "Doses Transferred Out" (these are the state vaccines the facility transferred to another enrolled state provider);
- Denote "Doses Expired or Wasted" (these are the state vaccines that expired, were spoiled or wasted and must be returned to the distributor McKesson using proper paperwork);
- Denote "Ending Inventory" (this is the calculation of adding column #1 plus column #2, plus column #3, minus column #4, minus column #5, minus column #6 and the result is the facilities ending inventory for the month);
- Denote "End of Month Refrigerator Count" (this is the actual, physical count of doses in the vaccine storage unit at the end of the month); if the physical count does not match the "Ending Inventory," then the accountability paperwork must be reviewed and corrected;
- Denote the number of doses requested (not number of vials or boxes);
- **If a discrepancy persists, a MEMO must be sent to the NSIP with an explanation.**



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Vaccine Lot Number Inventory Report

Facility Name:
Contact:
Direct Phone Line:

Reporting Period

PIN:

Begin:
End:

Special Projects Form 2 Lot Number Inventory

PRINT CLEARLY DO NOT ZERO FILL BOXES

Brand	Vaccine	Lot Number	Exp Date	Syr/ Vial	Doses on Hand	Lot Number	Exp Date	Syr/ Vial	Doses on Hand	Lot Number	Exp Date	Syr/ Vial	Doses on Hand	Total Inventory	Brand	Vaccine
Adacel - sanofi	Tdap														Adacel - Sanofi 49281-0400-(10) SDV (15) Syr	Tdap
Boostrix - GSK															Boostrix - GSK 58160-0842-(11) SDV (52) Syr	

Special Projects Form 2: Vaccine Lot Number Inventory Report

- Complete all the heading information
 - o Facility Name: official name of the facility (do not abbreviate nor use physician name unless that is the legal name of the practice)
 - o Primary Vaccine Contact name
 - o Direct Phone Line
 - o PIN Number
- Reporting period (always begins the first day of the month and ends the last day of the month);
- You must report completely and accurately each lot number of state supplied vaccine that you have on hand on the last day of the month;
- There is room to list up to three (3) lot numbers of any given vaccine on this form; if you have more than three (3) lots of any given vaccine, then you must use a second Form 2 sheet;
- The amounts listed in the "Total Inventory" column of Form 2 must match the "End of Month Refrigerator Count" on Form 1: Vaccine Request and Accountability Report.

Fax Special Project Forms 1,2, & 3 to NSIP Vaccine Manager, 775-684-8338 by the 10th day of the month following the reporting period. Do not use a fax cover sheet.



Nevada State Immunization Program Temperature Log

Special Projects Form 3 Temperature Log

Instructions: *If the temperature recorded is in the shaded zone:* 1. Store the vaccine under proper conditions as quickly as possible, 2. Call Glenn Witt, at the Immunization Program at (775) 684-5900 for instructions, 3. Call the vaccine manufacturer(s) to determine whether the viability of the vaccine(s) has been affected, and 4. Document the action taken on the Vaccine Incident Report and fax the form to (775) 684-8338.

Month/Year Reported:	Facility Name:	PIN #:
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Day of Month:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Time of day:																																
Temp F°	Temp C°	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	

PLEASE FAX WITH YOUR VACCINE REQUEST

Refrigerator Temp																																
≥ 49	≥ 9.5																															
48	9.0	<i>Take immediate action if temperature falls in the shaded area</i>																														
47	8.5																															

46	8.0																														
45	7.5																														
44	7.0																														
43	6.5																														
42	6.0																														
41	5.5																														
40	5.0																														
39	4.5																														
38	4.0																														
37	3.5																														
36	3.0																														
35	2.0																														

34	1.5																														
33	0.5																														
32	0.0	<i>Take immediate action if temperature falls in the shaded area</i>																													
31	-0.5																														
30	-1.0																														
29	-1.5																														
≤ 28	≤ -2.0																														

Freezer Temp																															
≥ 8	≥ -13																														
7	-14.0	<i>Take immediate action if temperature falls in the shaded area</i>																													
6	-14.5																														

5	-15.0																													
4	-15.5																													
≤ 3	≤ -16																													
or colder																														

Room Temp																															
Staff Initials																															

NOTE: ONLY mark temperatures for the days your facility is open - DO NOT cross out weekends or holidays.

Has this facility's vaccine contact changed: Y / N (If yes, please submit a Provider Information Change Form) **Thermometer Exp Date** _____