



State of Nevada  
 Dept of Health and Human Services  
 Nevada State Immunization Program  
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## Vaccine Incident Report

**(Print clearly)**

Facility Name: \_\_\_\_\_ PIN # \_\_\_\_\_

Reported by: \_\_\_\_\_ Telephone # \_\_\_\_\_ Date Reported: \_\_\_\_\_

Date of incident and refrigerator or freezer temperature at time of incident: 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)**

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

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**Report of viability from manufacturer (required):**

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*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"

