



## New York State Vaccines for Children (VFC) Program Temperature Excursion Report

- ✓ **Label**  
Label the vaccine “DO NOT USE” and if applicable, move it to a unit where it can be stored at the correct temperature. In the event you need to move the vaccine off-site, refer to your emergency plan. Do not administer any affected vaccine until you have determined its efficacy with the manufacturer.
  
- ✓ **Data Logger**  
Download a .pdf document of your data logger temperatures for submission with this completed temperature excursion report.
  
- ✓ **Document Event**  
Document the event immediately. Complete the attached report in its entirety. Attach additional pages if necessary. Incomplete submissions will not be accepted.
  
- ✓ **Report Non-Viable Vaccine**  
Complete a NYSIIS returns and wastage report for non-viable vaccine. Intact vials and syringes must be returned. Opened or damaged vaccine must be recorded as wastage and discarded in medical waste.
  
- ✓ **Submission**  
Submit the completed Temperature Excursion Report and data logger .pdf report to [vaccinetempexcursion@health.ny.gov](mailto:vaccinetempexcursion@health.ny.gov) or fax to 518-449-6912.

### PROVIDER INFORMATION

Facility/Physician Name:	VFC Pin #:
Name of Person Reporting Incident:	Date of submission:
Email:	Phone #:
	Extension:

### PART 1: Temperature Data and Incident Description

- |  |   |
|--|---|
| <input type="checkbox"/> Standalone Refrigerator (household/commercial)<br><input type="checkbox"/> Standalone Refrigerator (med/lab/pharmaceutical)<br><input type="checkbox"/> Standalone Freezer<br><input type="checkbox"/> *Household Combo Unit: Refrigerator Compartment*<br><input type="checkbox"/> *Household Combo Unit: Freezer Compartment* | <input type="checkbox"/> *Medical Grade Combo Unit: Refrigerator Compartment*<br><input type="checkbox"/> *Medical Grade Combo Unit: Freezer Compartment*<br><br><p style="text-align: center;"><b>*NO LONGER ALLOWED EFFECTIVE 1/1/2020*</b></p> |
|--|---|

Continuous temperature monitoring devices (digital data loggers) are required.

Yes, I use the required continuous temperature monitoring device (digital data logger)

No, I don't use the required continuous temperature monitoring device (digital data logger)

If no, what are you using? Why?

Yes, daily opening/closing and min/max readings are recorded in the NYSIIS Temperature Log.

No, daily opening/closing and min/max readings are not recorded in the NYSIIS Temperature Log.

If no, why?

Were vaccines moved according to your emergency plan after the incident?

Yes

No

Were any non-viable vaccines administered to patients after the incident?

Yes

No

**To report a temperature excursion, submit completed report and .pdf document of data logger temperatures to:  
[vaccinetempexcursion@health.ny.gov](mailto:vaccinetempexcursion@health.ny.gov) or fax to 518-449-6912 December 2019**

Has a returns/wastage report in NYSIIS been completed?

- Yes  
 No  
 All Vaccine Viable

**Description of incident (include a description of the possible cause of excursion and precautions being implemented to prevent future incidents):**

Please check if additional narrative is attached.

**Excursion Data**

Fahrenheit  Celsius

Date of excursion	List High Temperature	List Low Temperature	Refrigerator (R) or Freezer (F)	Total Amount of Time Temperature Out of Range
			<input type="checkbox"/> R <input type="checkbox"/> F	
			<input type="checkbox"/> R <input type="checkbox"/> F	
			<input type="checkbox"/> R <input type="checkbox"/> F	

Please check if additional excursion data is attached.

**Contact Manufacturer**

***Check (X) manufacturers contacted and complete representative(s) name and reference number assigned to call. Manufacturer will need to know the type of vaccine, lot #'s and expiration dates, # of doses affected, how long vaccines were out of range.***

Sanofi Pasteur 1-800-822-2463  
Name of Representative you spoke with:

Reference number:

Merck (MSD) 1-800-672-6372  
Name of Representative you spoke with:

Reference number:

Massachusetts Biologics (Grifols) 1-800-457-4626  
Name of Representative you spoke with:

Reference number:

Astra Zeneca 1-800-236-9933  
Name of Representative you spoke with:

Reference number:

GlaxoSmithKline (GSK) 1-866-475-8222  
Name of Representative you spoke with:

Reference number:

Pfizer 1-800-438-1985  
Name of Representative you spoke with:

Reference number:

Seqirus 1-855-358-8966  
Name of Representative you spoke with:

Reference number:



Additional narrative:

