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 or fax to 518-449-6912.

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PROVIDER INFORMATION

Facility/Physician Name: Click or tap here to enter text. VFC Pin #: Click or tap here to enter text.
Name of Person Reporting Incident: Click or tap here to enter text. Date of submission: Click or tap here to enter text.
Email: Click or tap here to enter text. Phone #: Click or tap here to enter text. Extension: Click or tap here to enter text.

PART 1: Temperature Data and Incident Description

☐ Standalone Refrigerator (household/commercial) ☐ *Medical Grade Combo Unit: Refrigerator Compartment*
☐ Standalone Refrigerator (med/lab/pharmaceutical) ☐ *Medical Grade Combo Unit: Freezer Compartment*
☐ Standalone Freezer
☐ *Household Combo Unit: Refrigerator Compartment* *NO LONGER ALLOWED EFFECTIVE 1/1/2020*
☐ *Household Combo Unit: Freezer Compartment*

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? Click or tap here to enter text. Why? Click or tap here to enter text.

☐ 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? Click or tap here to enter text.

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
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):**
Click or tap here to enter text.

☐ Please check if additional narrative is attached.

<table>
<thead>
<tr>
<th>Excursion Data</th>
<th>☐ Fahrenheit</th>
<th>☐ Celsius</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of excursion</td>
<td>List High Temperature</td>
<td>List Low Temperature</td>
</tr>
<tr>
<td>Click or tap here to enter text.</td>
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</tbody>
</table>

☐ 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: Click or tap here to enter text.
Reference number: Click or tap here to enter text.

☐ GlaxoSmithKline (GSK) 1-866-475-8222
Name of Representative you spoke with: Click or tap here to enter text.
Reference number: Click or tap here to enter text.

☐ Merck (MSD) 1-800-672-6372
Name of Representative you spoke with: Click or tap here to enter text.
Reference number: Click or tap here to enter text.

☐ Pfizer 1-800-438-1985
Name of Representative you spoke with: Click or tap here to enter text.
Reference number: Click or tap here to enter text.

☐ Massachusetts Biologis (Grifols) 1-800-457-4626
Name of Representative you spoke with: Click or tap here to enter text.
Reference number: Click or tap here to enter text.

☐ Seqirus 1-855-358-8966
Name of Representative you spoke with: Click or tap here to enter text.
Reference number: Click or tap here to enter text.

☐ Astra Zeneca 1-800-236-9933
Name of Representative you spoke with: Click or tap here to enter text.
Reference number: Click or tap here to enter text.
## Part 2: Vaccine Data and Manufacturer Response

<table>
<thead>
<tr>
<th>Vaccine Brand Name</th>
<th>Manufacturer</th>
<th>Lot Number</th>
<th># doses affected</th>
<th>Response from Manufacturer</th>
<th>Check (X) below for nonviable vaccines.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Evidence supports use= viable, continue use</td>
<td>For doses that are no longer viable, complete a wastage report in NYSIIS (Inventory/Manage Returns and Wastage).</td>
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<tr>
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<td>No evidence available= non-viable</td>
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<td>Evidence does not support use= non-viable</td>
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<td>Shortened expiration= viable for use until new Expiration date</td>
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Additional narrative:

Click or tap here to enter text.
## Additional Excursion Data

<table>
<thead>
<tr>
<th>Date of excursion</th>
<th>List High Temperature</th>
<th>List Low Temperature</th>
<th>Refrigerator (R) or Freezer (F)</th>
<th>Total Amount of Time Temperature Out of Range</th>
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<tbody>
<tr>
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