Date & Time of Event If multiple, related events occurred, see Description of Event below.	Storage Unit Temperature at the time the problem was discovered  Temp when discovered:		Room Temperature at the time the problem was discovered  Temp when discovered:	Person Completing Report  Name:		
Date:						
Time:	Minimum temp:	Maximum temp:	Comment (optional):	Title:	Da	ate:
(-90°C to -60°C [-130°F to -76°F]) for Inventory of affected vaccines, includes www.immunize.org/catg.d/p3	pened?) event and last documented rea for ultra-cold freezer. luding (1) lot numbers and (2) w 8051) or a separate sheet, and n e was in the storage unit? For ex n any storage problems with thi	ding of storage temperature in a hether purchased with public (fo naintain the inventory with this t ample, were there water bottles s unit and/or with the affected v	acceptable range (2° to 8°C [36° to 46°F] for refrigor example, VFC) or private funds. Document this troubleshooting record.	information on the Vaccine Si		nse Worksheet
	placed in proper storage conditi e manufacturer[s].) incident? (For example, supervi	ons? (Note: Do not discard the v	vaccine. Store exposed vaccine in proper condition	ns and label it "do not use" ur	ntil after you can discuss	s with your state
<ul><li>local health department and/or the</li><li>Who was contacted regarding the</li></ul>	placed in proper storage conditi e manufacturer[s].) incident? (For example, supervi	ons? (Note: Do not discard the v	vaccine. Store exposed vaccine in proper condition	ns and label it "do not use" ur	ntil after you can discuss	s with your state.
When were the affected vaccines plocal health department and/or the Who was contacted regarding the IMPORTANT: What did you do to part of the work of	placed in proper storage conditi e manufacturer[s].) incident? (For example, supervi prevent a similar problem from	ons? (Note: Do not discard the visor, state/local health departme occurring in the future?	vaccine. Store exposed vaccine in proper condition			



