



Temperature Excursion and Incident Response Worksheet

All fields are required. Incomplete forms will be returned and affect order processing. You must email a complete report to your assigned Immunization Representative (IR) within 48 hours of the incident.

SSV PIN: _____ Practice Name: _____

Contact Name: _____ Phone: _____

Reporting a Temperature Excursion or Incident

A temperature excursion is when your vaccine storage unit goes out of appropriate temperature range. An incident is when vaccine was mishandled, but is not related to the vaccine storage unit (e.g., left on counter for an extended period of time).

- Store the vaccines at appropriate temperatures. Make sure the refrigerator/freezer is working properly or move the vaccines to a unit that is.
- Do not discard the affected vaccines. Separate or mark the vaccines so that the potentially compromised vaccines can be easily identified.
- Print an *Inventory Report* from OSMOSSIS to document the vaccines in the refrigerator/freezer during the event.
- Email this completed worksheet to your Immunization Rep (IR) within 48 hours of the incident. Your IR will contact the manufacturers to determine the status of the affected vaccines.
- **For Temperature Excursion:** Complete ALL sections of this form.
- **For Incident Report:** In the table below, omit questions 2-6; On page 2, omit storage unit temperature.

	YES	NO	N/A
1. Prior to this event, was the vaccine exposed to temperatures outside the recommended range?			
2. Do you currently use a state-supplied Lascar Data Logger?			
3. Is the data logger probe currently in the center of the refrigerated storage unit?			
4. Is the data logger probe currently in the center of the freezer storage unit?			
5. If applicable, at the time of the event, were water bottles in the refrigerator?			
6. If applicable, at the time of the event, were ice packs in the freezer?			

Vaccines Stored in Refrigerator (Appropriate temp. range: 36° to 46°F or 2° to 8°C)

RIDOH USE ONLY

Vaccine	Manufacturer	NDC #	Lot #	Expiration Date	# of Doses	Meets Guidance: YES or NO

Vaccines Stored in Freezer (Appropriate temp. range: -58° to 5°F or -50° to -15°C)

RIDOH USE ONLY

Vaccine	Manufacturer	NDC #	Lot #	Expiration Date	# of Doses	Meets Guidance: YES or NO

Do not administer the affected vaccines until your Immunization Representative contacts you with the status of the vaccines after the manufacturer's guidance is reviewed.

Temperature Excursion/Incident Practice Narrative

Choose 1: ☐ Refrigerator ☐ Freezer ☐ N/A (non-excursion incident)

Use this form to document any unacceptable vaccine storage event, such as exposure of refrigerated vaccines to temperatures that are outside the manufacturers' recommended ranges.

Event Date and Time <small>For multiple events, see "Description of Event" below.</small>		Storage Unit Temperature at Event Time:		Room Temperature at Event Time:	Person Completing Report	
Start date:	End date:	<input type="checkbox"/> N/A: non-excursion incident			Name:	
Start time:	End time:	Minimum temp:	Maximum temp:	SSV Pin:	Title:	Date:
Description of Event: Briefly describe what happened. <ul style="list-style-type: none"> Identify the storage unit involved in the event and the type of Data Logger (make, model, and calibration date) in the unit to monitor the temperatures. If RIDOH supplied the logger, simply state "<i>RIDOH LOGGER</i>". Use Page 1 of this report to identify affected vaccines from your inventory. <div style="margin-left: 400px;"> <ul style="list-style-type: none"> Include other helpful information for understanding the event. Was the practice's Vaccine Emergency Preparedness Plan used to respond to this event? For multiple related events, list each date, time, and length of time out of storage. </div>						
Action Taken: Be thorough. This information is critical to determine if the vaccine might still be viable. <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <ul style="list-style-type: none"> When were the affected vaccines placed in proper storage conditions? Note: Do not discard the vaccine. Store exposed vaccine in proper conditions and label it "do not use" until after you can discuss with your IR at RIDOH and/or the manufacturer[s]. </div> <div style="width: 48%;"> <ul style="list-style-type: none"> Who was contacted regarding the incident? (For example, supervisor, medical director, RIDOH, manufacture. List all.) IMPORTANT: What steps did you take to prevent a similar problem from occurring in the future? </div> </div>						
RIDOH USE ONLY (IR) ~ Results: Is the vaccine still viable? _____ If No, instruct provider to enter vaccines into OSMOSSIS as Returns . Please note if returns were entered in OSMOSSIS and confirmed: _____						

Please note: Practices must use a continuous monitoring data logger thermometer to track refrigerator and freezer temperatures over time. Per State-Supplied Vaccine (SSV) terms and conditions, practices with RIDOH-issued data loggers must complete twice daily audit checks and input their initials into the *Table View* section of Easy Log Cloud once a day during business hours.

- **For questions:** Please contact your Immunization Representative (IR). Their information is located on your SSV [OSMOSSIS](#) Practice Menu screen.
- **For Signature:** By providing your name and electronic signature below, you confirm that all data entered on this form is accurate, and that upon notification from RIDOH, you will follow any additional recommended guidance and procedures.
- **IMPORTANT:** Due to the potential of financial responsibility of the practice for vaccine loss, the signature below must be that of the Lead Physician or Lead Prescriber, with their license on file with RIDOH for the practice's participation in the SSV Program.

Lead Physician /
Prescriber Name: _____ Signature: _____ Date: _____

RIDOH USE ONLY

The information below is to be recorded by the RIDOH IR assigned to this excursion. The data will be captured from the Lascar cloud-based data logger or logger documentation uploaded with the order for providers not utilizing Lascar loggers.

Refrigerator temperature: Current____ Max.____Min. ____

Freezer temperature: Current____Max.____Min.____

Has this provider had a previous excursion in last 12 months? *Yes____ No____ (*If yes, complete table below)

*If yes, how many?_____ Which number is this excursion?_____

EXCURSION	INCIDENT
1st excursion: Date email sent to provider: _____ Date of excursion: _____ <u>Estimated time temps were outside acceptable range:</u> Refrigerator: hours: ____ minutes: ____ Freezer: hours: ____ minutes: ____	1st incident: Date of incident: _____ Type of incident: _____ Vaccines viable/non-viable: _____ Vaccines returned: ____ Date/Rep initials: ____/____
2nd excursion: Date email sent to provider: _____ Date of excursion: _____ <u>Estimated time temps were outside acceptable range:</u> Refrigerator: hours: ____ minutes: ____ Freezer: hours: ____ minutes: ____	2nd incident: Date of incident: _____ Type of incident: _____ Vaccines viable/non-viable: _____ Vaccines returned: ____ Date/Rep initials: ____/____
3rd excursion: Date email sent to provider: _____ Date of excursion: _____ <u>Estimated time temps were outside acceptable range:</u> Refrigerator: hours: ____ minutes: ____ Freezer: hours: ____ minutes: ____	3rd incident: Date of incident: _____ Type of incident: _____ Vaccines viable/non-viable: _____ Vaccines returned : ____ Date/Rep initials: ____/____
4th excursion: Date email sent to provider: _____ Date of excursion: _____ <u>Estimated time temps were outside acceptable range:</u> Refrigerator: hours: ____ minutes: ____ Freezer: hours: ____ minutes: ____	4th incident: Date of incident: _____ Type of incident: _____ Vaccines viable/non-viable: _____ Vaccines returned: ____ Date/Rep initials: ____/____

Temperature Excursion: ALL sections of this form **MUST BE COMPLETED**.

Incidents: All **SECTIONS** must be completed—**EXCEPT** questions 2-6 on page 1, and for Storage Unit temperature on page 2.