

Temperature Excursion/Incident Response Worksheet



All fields are required. Incomplete forms will be returned and may affect orders being processed. The completed report must be emailed to the practice's 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 not related to the vaccine storage unit (e.g., left on counter for 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 have a record of the vaccines in the refrigerator/freezer during the event.
- Email completed *Temperature Excursion Response Worksheet* to your Immunization Rep (IR) within 48 hours of the incident. Your IR will contact the manufacturers to determine status of the affected vaccines.

Do not administer the affected vaccines until your IR contacts you with the status of the vaccines after the manufacturer guidance is reviewed.

	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 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 - Enter 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 - Enter Yes or No

Note: Practices must use a continuous monitoring data logger thermometer to track refrigerator and freezer temperatures over time. Per 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 hours of business operations.

Temperature Excursion/Incident Practice Narrative

(choose one) 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>See "Description of Event" below for multiple events.</small>		Storage Unit Temperature at Event Time:		Room Temperature at Event Time:		Person Completing Report	
Start date:	End date:	Temp: <input type="checkbox"/> N/A: non-excursion incident			Name:		
Start time:	End time:	Minimum temp:	Maximum temp:	SSV PIN:		Title:	Date:
Description of Event							
<ul style="list-style-type: none"> General description of what happened. Identify the storage unit involved in the event and the type of Data Logger (make, model, and calibration date) that was in the unit to monitor the temperatures. If RIDOH supplied logger in use just state "RIDOH LOGGER". Inventory of affected vaccines, must be identified on page 1 of this report. Include any other information you feel might be relevant to understanding the event. Was the practice's vaccine emergency preparedness plan used for response to this event? If multiple, related events occurred, list each date, time, and length of time out of storage. 							
Action Taken <i>(Document thoroughly. This information is critical to determining whether the vaccine might still be viable.)</i>							
<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].) Who was contacted regarding the incident? (For example, supervisor, medical director, RIDOH, manufacture. List all.) IMPORTANT: What steps did you put in place to prevent a similar problem from occurring in the future? 							
Results (To be completed by RIDOH IR only)							
<ul style="list-style-type: none"> Is the vaccine still viable? If No, have provider enter vaccines into OSMOSSIS as Returns. Please include if the returns have been entered in OSMOSSIS and confirmed. 							

If you have any questions, please contact your Immunization Representative (contact info located on your SSV Practice Menu screen in [OSMOSSIS](#)). 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, 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 ITR 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 the past 12 months? Yes ___ No ___ (if yes, complete table below)
If yes, how many? _____ Which number is this **excursion**? _____

Has this provider had a previous **incidence** in the past 12 months? Yes ___ No ___ (if yes, complete table below)
If yes, how many? _____ Which number is this **incidence**? _____

EXCURSION	INCIDENT
<p>1st excursion: Date email sent to provider: _____ Date of excursion: _____ Estimated time temps were outside acceptable range: Refrigerator: hours _____ minutes: _____ Freezer: hours _____ minutes: _____ Vaccine loss/no vaccine loss: _____</p>	<p>1st incident Date of incident: _____ Type of incident: _____ Vaccines viable/non viable: _____ Vaccines returned: _____ date/rep initials _____</p>
<p>2nd excursion: Date email sent to provider: _____ Date of excursion: _____ Estimated time temps were outside acceptable range: Refrigerator: hours _____ minutes: _____ Freezer: hours _____ minutes: _____ Vaccine loss/no vaccine loss: _____</p>	<p>2nd incident Date of incident: _____ Type of incident: _____ Vaccines viable/non viable: _____ Vaccines returned: _____ date/rep initials _____</p>
<p>3rd excursion: Date email sent to provider: _____ Date of excursion: _____ Estimated time temps were outside acceptable range: Refrigerator: hours _____ minutes: _____ Freezer: hours _____ minutes: _____ Vaccine loss/no vaccine loss: _____</p>	<p>3rd incident Date of incident: _____ Type of incident: _____ Vaccines viable/non viable: _____ Vaccines returned: _____ date/rep initials _____</p>
<p>4th excursion: Date email sent to provider: _____ Date of excursion: _____ Estimated time temps were outside acceptable range: Refrigerator: hours _____ minutes: _____ Freezer: hours _____ minutes: _____ Vaccine loss/no vaccine loss: _____</p>	<p>4th incident Date of incident: _____ Type of incident: _____ Vaccines viable/non viable: _____ Vaccines returned: _____ date/rep initials _____</p>

Temperature Excursion: All sections of form **MUST BE COMPLETED**.

Incidents: All sections must be completed except questions 2-6 on page 1 and storage unit temp on page 2.