

Vaccine Storage Contingency Plan

Facility Name: _____ TVFC PIN: _____

Address: _____ Date: _____

City, State, Zip Code: _____ Phone: _____

Clinic staff responsible for transfer of vaccine	Phone number
Name:	()
Name (back-up):	()
Transfer vaccine to	Phone number
Facility Name:	()
Address:	Generator <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Name:	Date of agreement:
Where to obtain	Phone number
ice:	()
dry ice:	()
cooler:	()
Shipping Agent:	Phone number
Tracking number:	()
Contact with LHD/HSR made prior to transport by:	
Transport of refrigerated vaccine checklist	
	Temperature of refrigerator prior to transport:
	Inventory of vaccine (use C-33) and included in bag with vaccine. Keep a copy for your records.
	Bag labeled with PIN, clinic name, clinic contact, phone number
	Container used to transport refrigerated vaccine:
	Ice packs are in container separated from vaccine by crumpled paper
	Thermometer in container
	Time and temperature in container prior to transport:
	Person transporting vaccine:
Transport of frozen vaccine checklist	
	Temperature of freezer prior to transport:
	Inventory of vaccine (use C-33) and included in bag with vaccine. Keep a copy for your records.
	Bag labeled with PIN, clinic name, clinic contact, phone number
	Container used to transport vaccine:
	Varicella packed in dry ice
	Thermometer in container
	Time and temperature in container prior to transport:
In the event of a city-wide evacuation, contact your health service region for evacuation plan.	
HSR Contact Name: _____ Phone number: (____) _____	