**Arizona Immunization Program Office**
**Vaccines for Children Program**
**150 N. 18th Avenue – Suite 120**
**Phoenix, Arizona 85007**
**Email: ArizonaVFC@azdhs.gov**
**Phone: (602) 364-3642 Fax (602) 364-3276**

# Vaccines for Children (VFC) Incident Report Form

Name of VFC person who was notified: _____ Date/Time:_____

Practice Name: _____ VFC PIN Number: _____

Contact: _____

Phone: _____ Fax: _____ Email: _____

## Type of Incident (choose one):

- ◉ Power Outage
- ○ Equipment Issue (specify) _____
- ○ Monitoring Issue
- ○ Improper Storage
- ○ Compromised Shipment
- ○ Other _____

## Type of Storage or Shipment Unit (choose one):

- ○ Stand Alone Refrigerator
- ○ Combo Refrigerator/Freezer (1 thermostat)
- ○ McKesson Container
- ○ Stand Alone Freezer
- ○ Combo Refrigerator/Freezer (2 thermostats)
- ○ Manufact. Container

## Temperature:

| Type of Unit | Temp at time of Incident | Date | Time | Last recorded in range temp | Date | Time |
|---|---|---|---|---|---|---|
| **Refrigerator** | | | | | | |
| **Freezer** | | | | | | |
| **Shipment Container** | | | | | | |
| **Room Temperature** | | | | | | |

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# Vaccines for Children (VFC) Incident Report Form

**Description of Event:** Include all relevant information with dates and times of communication, information leading to event, actions taken subsequent event recognition, estimated ambient /environmental temperature, temperature log data, etc. (use additional form if necessary)

**Final VFC Program Recommendation:** (to be filled out by VFC personnel only)

**Date of Resolution:** (to be filled out by VFC personnel only)_____