

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: () _____ |