

# Vaccine Storage Contingency Plan

Facility Name: \_\_\_\_\_ TVFC PIN: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Clinic staff responsible for transfer of vaccine:</b>		<b>Phone number:</b>
Name:	(    )	
Name (back-up):	(    )	
<b>Transfer vaccine to:</b>		<b>Phone number:</b>
Facility Name:	(    )	
Address:	Generator: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Name:	Date of agreement:	
<b>Where to obtain:</b>		<b>Phone number:</b>
Ice:	(    )	
Dry ice:	(    )	
Cooler:	(    )	
<b>Shipping Agent:</b>		<b>Phone number:</b>
Tracking number:	(    )	
<b>Contact with LHD/HSR made prior to transport by:</b>		
<b>Transport of refrigerated vaccine checklist:</b>		
	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:	
<b>Transport of frozen vaccine checklist:</b>		
	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:	
<b>In the event of a city-wide evacuation, contact your health service region for evacuation plan.</b>		
<b>HSR Contact Name:</b> _____		<b>Phone number:</b> (    ) _____