

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: (____) _____