Idaho Immunization Program (IIP) Temperature Incident Report

Complete this form when vaccine has been lost due to inappropriate storage and handling. For non-viable, returnable vaccine also complete the McKesson Vaccine Return Form. For non-viable, non-returnable vaccine (e.g. open multi-dose vial) also complete the Wasted Vaccine Form.

Office Name:		VFC Pin:	
	nents Between 35°F and 46°F (2°C and 8°C) Between -58°F and +5°F (-50°C and -15°C)		
Date of temperature incident:			
Time of temp	erature incident:		
Reason vac	cine is not viable:		
Corrective	e Action(s) Taken:		
Type of Thermometer:			
Date Batte	ery was Replaced:		
Refrigerator Type/Make/Model:			
Freezer Ty	pe/Make/Model:		
Manufacturer Re	commendations:		
Signa	iture of Preparer:		
	Date:		



Phone: (208) 334-5931 or (800) 554-2922

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