

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):

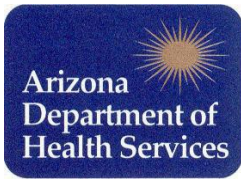
Power Outage Equipment Issue (specify) _____ Monitoring Issue
Improper Storage Compromised Shipment Other _____

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 <u>in range</u> temp	Date	Time
Refrigerator						
Freezer						
Shipment Container						
Room Temperature						



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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) _____