AVAP TEMPERATURE EXCURSION REPORT

Complete and submit this report each time temperatures have gone out of range for state-supplied AVAP vaccine (includes routine storage/handling, transport, temporary use units, mass/off-site clinics).

In the event of an excursion:
- Immediately mark vaccine "Do Not Use"
- Take immediate steps to store vaccine at appropriate temperature. (i.e., close fridge/freezer door, move vaccine to another storage unit that is within appropriate temperature range, etc. See transport instructions if vaccine is to be moved.)
- Download/review temperature monitoring device data to determine min/max temperatures and time out of range
- **Contact manufacturers to determine vaccine viability**
  - Nonviable vaccine: remove from unit (quarantine to prevent usage); reconcile inventory; return/discard appropriately
  - Viable vaccine: Identify excursion on vaccine package for future reference
- **Fill out this report and to email to avap@alaska.gov**
- Keep a copy of this report for your records for a minimum of three years

Facility Name: _____ **PIN:** _____ **Date of Report:** _____

Contact Name: _____ **Phone:** _____

Monitoring device type: _____ LogTag _____ Other: _____

Device calibration expiration date: _____ Date(s) of excursion(s): _____ Date range of graph(s): _____

Storage Unit Name: _____ Highest/lowest temp. reached: _____ Total time out of range: _____

Storage Unit Type:
- ☐ Stand-alone fridge
- ☐ Ultra-Cold freezer
- ☐ Combo fridge
- ☐ Transport container
- ☐ Stand-alone freezer
- ☐ Ultra-Cold transport container
- ☐ Outside of unit (countertop, etc.)
- ☐ Pharma fridge
- ☐ Pharma freezer

Event:
- ☐ Door left open
- ☐ Power failure
- ☐ Unit unplugged
- ☐ Transport failure
- ☐ Vaccine storage mistake
- ☐ High activity (inventory, etc.)
- ☐ Unit mechanical failure
- ☐ Unit temp dial adjustment
- ☐ Monitoring device usage mistake
- ☐ Monitoring device failure
- ☐ Other _____

Manufacturer's Response *Print VacTrAK Reconciliation Page before calling.*				
Vaccine	*Lot Number*	*Punctured*	*Viable*	*Not viable*
		Select		
Case# /Person contacted:				
		Select		
Case# /Person contacted:				
		Select		

Describe incident in detail:

_____

Describe all other action(s) taken, including how to prevent a future excursion:

_____

Did any vaccine experience a prior excursion? * No ☐ Yes ☐ **If Yes: Date and/or case # of prior excursion:** _____

Action(s):
- ☐ Write excursion date on package*
- ☐ Write shortened expiration date on package
- ☐ Return non-viable vaccine
- ☐ Adjust storage/handling

Alaska Immunization Program
Anchorage: 907-269-8088 | Toll Free 888-430-4321 | Email Avap@alaska.gov

* Excursion data is cumulative. The data from previous excursions must be included when speaking to the manufacturers. The data from this excursion must be reported to the manufacturer in the future if the same vaccine experiences another excursion.   V.10/23