



## Vaccine Contingency/ Emergency Plan

Facility Name	PIN
Address	Date
City, State, Zip Code	Phone

CLINIC STAFF RESPONSIBLE FOR TRANSFER OF VACCINE	
Primary (Name & Title)	Phone
Secondary (Name & Title)	Phone
TRANSFER VACCINE TO	
Site/ Facility Name	Phone
Address	Generator: <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Name	Date of Agreement

WHERE TO OBTAIN	
ICE:	Phone:
COOLER:	Phone:
SHIPPING AGENT:	Phone:
Contact with VFC/ Immunization Program made prior to transport by (name & title):	

### TO BE USED TO DOCUMENT PROCEDURES DURING AN EMERGENCY

Transport of refrigerated vaccine checklist	
	Record temperature of refrigerator prior to transport:
	Inventory of vaccine (use Emergency Response Worksheet) and include in bag with vaccine. Keep a copy for your records.
	Bag labeled with PIN, facility name, clinic contact, phone number.
	Type of container used to transport refrigerated vaccine:
	Ice packs are in container and separated from vaccine with crumpled paper or bubble wrap.
	Thermometer in container.
	Record time and temperature in container prior to transport:
	Name of person transporting vaccine:
Transport of frozen vaccine checklist	
	Record temperature of freezer prior to transport:
	Inventory of vaccine (use Emergency Response Worksheet) and include in bag with vaccine. Keep a copy for your records.
	Bag labeled with PIN, facility name, clinic contact, phone number.
	Type of container used to transport vaccine:
	Thermometer in container.
	Record date, time and temperature in container prior to transport: