Potentially Compromised Vaccine/TSMP Response Worksheet

Date: _____ **Service:** _____ **Component:** _____ **Phone #:** _____

Site/Clinic Name/Address: _____

POC: _____ **POC Email:** _____

Type of Site: _____ **IHS:** _____

Click on the links to find your Immunization Healthcare Specialist (IHS): www.vaccines.mil/ClinicFinder or www.vaccines.mil/Map

Follow these steps in the event of a potential compromise:

1. Move vaccine(s)/Temperature Sensitive Medical Products (TSMP) to working storage unit at proper temperature and activate your emergency plan.
2. Label the vaccine(s) or other TSMP as "DO NOT USE until released by USAMMA/DLA/IHS".
3. Do **NOT** destroy/discard the vaccine(s) or other TSMP until final disposition from USAMMA/DLA.
4. Contact your MILVAX-VHCN Immunization Healthcare Specialist (IHS) for help with completing this worksheet.
5. Complete ALL required information on the worksheet and send completed worksheet along with copies of your temperature logs to your IHS for review and submittal to USAMMA/DOC. Standby for further instructions from your IHS and/or USAMMA/DOC.
   - USAMMA/DOC phone #: (301) 619-3017/4318, after hours: (301) 676-0808/1184, or email: usarmy.detrick.medcom-usamma.mbx.doc@mail.mil
   - Defense Logistics Agency - Troop Support Medical (DLA - TSM) phone #: (215) 737-5537, or email: paacoldchainteam@dla.mil or DSCPColdchain@dla.mil

Required information:

1a. Temperatures recorded in F or C: _____ b. Air temperature of room where storage unit(s) are located: _____

2. Refrigerator temp: current: _____ warmest: _____ coldest: _____ Freezer temp: current: _____ warmest: _____ coldest: _____

3. When was the last time the storage unit(s) temp was in normal range? date: _____ time: _____ refrigerator temp: _____ freezer temp: _____

4. Estimated amount of time the storage unit's temperature(s) was outside the normal range: refrigerator: _____ freezer: _____

5. Were water bottles in the refrigerator? Yes ◯ No ◯ Were ice packs in the freezer? Yes ◯ No ◯

6. Prior to this event, was the vaccine(s) or other TSMP exposed to temperatures outside the recommended range? Yes ◯ No ◯

7. Document vaccine(s) or TSMP potentially compromised on the back of this worksheet (use page 3 if additional space is needed).

8. In the space below, document circumstances surrounding the potential compromise of vaccine(s) or other TSMP (i.e., pharmacologic and laboratory). Include date, time, location of the vaccine(s) or TSMP, current and last recorded temperatures of storage unit(s), personnel notified and actions taken once the potential compromise was identified.

Please select all event types that apply:

Non-Preventable Loss: _____

Negligence: _____

Non-Compliance: _____

Potentially Compromised Vaccine Response Worksheet

Vaccines (or other TSMP) Stored in Refrigerator

Brand Name and Manufacturer/NDC/Part #	Lot #	Expiration Date	Quantity (# of doses)	Cost of Affected TSMP	# Vial(s) Open
	Total Cost of Affected TSMP:				

Vaccines (or other TSMP) Stored in Freezer

Brand Name and Manufacturer/NDC/Part #	Lot #	Expiration Date	Quantity (# of doses)	Cost of Affected TSMP	# Vial(s) Open
	Total Cost of Affected TSMP:				

For USAMMA/DOC use only

Save completed document to your desktop and click the submit by email button and it will send your completed form directly to USAMMA/DOC; if you know your IHS's email, add to the "To": line before clicking submit.

Submit By Email

Potentially Compromised Vaccine Response Worksheet (continuation sheet)

Brand Name and Manufacturer/NDC/Part #	Lot #	Expiration Date	Quantity (# of doses)	Cost of Affected TSMP	# Vial(s) Open