

# 317 VACCINE RECEIVING LOG and CHECKLIST

**INSTRUCTIONS:** Use the checklist when your clinic receives vaccines. Complete this form to report any discrepancies or shipping issues after vaccines are stored. **NEVER REJECT OR RETURN A VACCINE SHIPMENT.**

**Clinic Name:** \_\_\_\_\_ **PIN:** \_\_\_\_\_

**Date McKesson Vaccine Received:** \_\_\_\_\_ **Date Merck Vaccine Received:** \_\_\_\_\_

## 1. Inspect package

If the package shows any of these problems, note them on this form.

- previously opened       broken, torn, or tampered with       not addressed to your clinic

## 2. Open package immediately

Refrigerated vaccines ship with temperature indicators.

- Read the indicators to determine if vaccines were exposed to out-of-range temperatures.
- If the MonitorMark index reads 3-5, record the number on this form. Index: \_\_\_\_\_
- If the FREEZEmarker indicator does not show a check mark or is not activated, note the issue on this form.
  - no check mark       not activated



Varicella-containing vaccines come with a shipper insert that identifies the allowable shipping time.

- Check the packing slip's shipment date to determine how long the vaccines were in transit.
- If the shipment arrived beyond the allowed time, note the issue on this form.
  - exceeds shipping time.

## 3. Check for shipment discrepancies

- Compare the shipment contents (vaccines and diluent) to the packing slip and approved doses on your VFA order confirmation.
- If there are any discrepancies, note the brand received and the number of doses/diluent missing or extra doses on the form below.
- Note any vaccines with expiration dates less than six months.

Vaccines	Brand Received	# Doses Missing	# Diluent Missing	# Extra Doses	Expiration < 6 Months
<b>Vaccines Stored in Refrigerator</b>					
DTaP	<input type="checkbox"/> Daptacel <input type="checkbox"/> Infanrix				
Hepatitis A	<input type="checkbox"/> VAQTA <input type="checkbox"/> Havrix				
Hepatitis B	<input type="checkbox"/> Engerix-B <input type="checkbox"/> Recombivax HB				
Hib	<input type="checkbox"/> PedvaxHIB <input type="checkbox"/> ActHIB				
HPV	<input type="checkbox"/> Gardasil 9				
IPV	IPOL				
Meningococcal Conjugate (MCV4)	<input type="checkbox"/> Menactra <input type="checkbox"/> Menveo				
Meningococcal B	<input type="checkbox"/> Bexsero <input type="checkbox"/> Trumenba				
Pneumococcal Conjugate (PCV13)	Prennar 13				
Pneumococcal Polysaccharide (PPSV23)	Pneumovax 23				
Td	<input type="checkbox"/> Tenvirac				
Tdap	<input type="checkbox"/> ADACEL <input type="checkbox"/> BOOSTRIX				
<b>Vaccines Stored in Freezer</b>					
VAR	Varivax				
MMR	M-M-R II				
HZV	Zostavax				

## 4. Store vaccines

- Store vaccines in areas designated for VFA vaccines. Store vaccines with the earliest expiration date in the front. Refer to IMM-963 and IMM-966.

## 5. Report issues immediately

- Report all damage or shipment issues immediately.
- Fax this completed form and the packing slip to the VFC Call Center at (877) 329-9832.
- Call the VFC Call Center at (877) 243-8832 for further instructions.