Niagara Region PUBLIC HEALTH

VACCINE INVENTORY AND RETURN FORM

Facility Name & Location: _____ ***Date:*** _____ ***Page#***____

Use this form to identify current vaccine stock when a cold-chain incident occurs and/or when returning vaccine to Public Health

- Complete all appropriate boxes
- Do not write in the shaded boxes (Use/Return/Cost/Totals)
- When returning vaccine:
  - Place returned vaccine in a paper bag
  - Attach form to bag (or place inside) and close securely
  - Write "*Vaccine Return*" and your *facility's name* on the outside of the bag
- Vaccines can be returned via the delivery service or can be taken directly to your local Public Health Department

RETURN CODES

A=Expired
B=Cold chain failure
C=Excessive quantity
D=Other (please specify)

Vaccine Name	# of vials	Has vial been opened?	Lot #	Expiry Date	Previous Exposure Y/N	Reason for return (see code)	Use	Return	Cost

TOTALS	# of vials exposed but still useable	$ Expired Vaccine	# of vials unusable	$ Total value of lost vaccine