



Louisiana Vaccines for Children (VFC) VACCINE LOSS REPORT

Fill out this form completely. You may be contacted if additional information is required.

Organization name (as displayed in LINKS)

VFC PIN (found in LINKS)

Facility name (as displayed in LINKS)

Date of vaccine loss

Address

City

Zip code

Contact's first and last name

Phone number

Select the reason(s) for the vaccine loss:

Expired

Failure to store properly upon receipt

Natural disaster/power outage

Vaccine spoiled in transit

Storage temperature too warm

Mechanical failure

Refrigerator temperature too cold

Spoiled

Other: _____

Explanation of loss:

Large text area for explanation of loss.

In order to ensure that this will not happen again, the following steps will/have been taken:

Large text area for steps taken to prevent recurrence.

Signature

Printed name and title

Date

