



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:

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

Signature

Printed name and title

Date

