Vaccine Finder Wo	<u>rksheet</u>						
Provider Information							
*Required Fields							
*Organization Name:			"Responsible Organization" is the name of the parent organization or health system that originated and is accountable				
*Provider Location Name:			for the content of the record. If an organization has several clinics or facilities, this would be the organization that represents all of the clinics/facilities.				
*Provider Address							
*Street Name:		*City:	"Provider Location Name" is the name of the physical clinic or facility that reported the vaccination, refusal, or missed appointment. In a small practice setting, this could be the same as the responsible organization.				
*County:	*State: *Zip Code:	*Country:	appointment. In a smait practice setting, this could be the same as the responsible organization.				
Vaccine Inventory Info	rmation						
Overall Vaccine Invento	ory						
Established to the boundary of the control of the c							

*Required Fields

*Date of Entry	*Product Name	*Vaccine Inventory Name	*Account Name	*Lot	*Vaccine Type	Serial Number	Date & Time Received	Expiration Date	*Total Doses	*Doses Available	*Doses Administered	*Doses Wasted	*Doses Returned
													-

Wastage & Return Events

Wastage Events:

If you have indicated a wastage event has occurred above for a reported vaccine and have recorded the wastage amount, please populate Section I: Waste Event with whether the entire vaccine was wasted, the date of the wastage event, and the reason for waste. Please utilize the following options for wastage reasons:

- Broken Vial/Syringe
 Vaccine drawn into syringe but not administered
- · Lost or unaccounted for vaccine
- Non vaccine product (e.g., IG, HBIG)
- Open vial but all doses not administered
- Unaccounted

Return Events:

If you have indicated a return event has occurred above for a reported vaccine and have recorded the return amount, please populate Section II: Return Event with whether the entire vaccine was returned, the date of the return event, the reason for return, and the return carrier. Please utilize the following options for return reasons:

- Refrigerator too cold
- Refrigerator too warm
- Vaccine spoiled in transit (Freeze/Warm)
- Natural disaster/power outage
- Failure to store properly upon receipt
- Recall
- Mechanical Failure · Spoiled (Other)

• Expired Vaccine

- Other (Please specify in the "Return for Reason" section)

*Date of Entry	SECTION I: WASTE EVENT						
	*Doses Wasted	Entire Vaccine Wasted? (Y/N)	*Wastage Date	*Reason for Waste See instructions for options.			

	SECTION II: RETURN EVENT							
*Date of Entry	*Doses Returned	Entire Vaccine Returned? (Y/N)	*Return Date	*Reason for Return See instructions for options.	Return Carrier			