

VFC Troubleshooting Record

VFC Provider Name: _____ VFC PIN #: _____ Prepared by: _____ Date Submitted: _____ Date of Event: _____ Refrigerator Temp: _____ Freezer Temp: _____	Description of Event:
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Glaxo Smith Kline (866-475-8222)	Contact Person _____	Date: _____	Time: _____	Ref# _____
Name of Vaccine: _____	# of Doses: _____	Advice Given: _____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		

MedImmune (877-633-4411)	Contact Person _____	Date: _____	Time: _____	Ref# _____
Name of Vaccine: _____	# of Doses: _____	Advice Given: _____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		

Merck & Co (800-672-6372)	Contact Person _____	Date: _____	Time: _____	Ref# _____
Name of Vaccine: _____	# of Doses: _____	Advice Given: _____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		

* Use multiple copies of this form to list all vaccines in your inventory

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Novartis (800-244-7668)	Contact Person _____	Date: _____	Time: _____	Ref# _____
Name of Vaccine: _____	# of Doses: _____	Advice Given: _____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		

Pfizer (Wyeth Vaccines) (800-358-7443)	Contact Person _____	Date: _____	Time: _____	Ref# _____
Name of Vaccine: _____	# of Doses: _____	Advice Given: _____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		

Sanofi-Pasteur (800-822-2463)	Contact Person _____	Date: _____	Time: _____	Ref# _____
Name of Vaccine: _____	# of Doses: _____	Advice Given: _____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		

* Use multiple copies of this form to list all vaccines in your inventory