



VACCINE RETURN RECORD

Facility/office name:

Contact person:

Contact number:

Date:

Vaccine	Lot number	# of packages	# of doses	Reason for return (*Codes below*)	Opened multi-dose vial? (Circle one)
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No

***Reason for Return:**

EQ = Excessive Quantity

CCE = Cold Chain Incident – Emergency/Natural Disaster

CCH = Cold Chain Incident – Human Error

CCM = Cold Chain Incident – Equipment Malfunction

CCP = Cold Chain Incident – Power Outage

CCT = CC Incident – Temp Breached in Transit

DE = Defective Product

DI = Discontinued Product

DP = Damaged Product

EX = Expired Product

FC = Facility Closure

RP = Recalled Product

SV = Vaccine Contamination