



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
					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