

DATE

Unit Name:

Work Area Location:

On (Date) the Preventive Medicine Office was notified of a refrigeration unit storing immunizations over the weekend at the 21 Area GAS (CLB-1) had gone down and was surrounded with water. Person Responsible the PMR, stated that when they came in that morning that the refer unit was surrounded with water, items were wet, and did not know how long the power had been out.

Vaccine Inventory:

<u>Vaccine</u>	<u>Vials</u>	<u>Cost</u>
Hep A (HAVRIX)	8	\$1125.60
Hep B	15	\$352.18
TWINRIX	17	\$538.05
JEV	9	\$553.80
PPD	2	\$70.36
Tetanus	3	\$404.28
IPV	3	\$480.24
Yellow Fever	3	\$574.50
MMR	4	\$94.46

Total: \$4197.47

It is understood that this occurrence is a violation of NVAHOSPCAMPENINST 6230.2C and the NHCP Vaccine Distribution Program guidelines regarding the storage of vaccines to include over the weekends and holidays. No temperature checks were conducted, no alarm system was in place and the vaccine was not returned back to Preventive Medicine on Friday for safe keeping as per the SOP and instruction.

This unit will now be required to return **ALL vaccine** every Friday before close of business in order to safeguard the vaccine and prevent future loss. If this cannot be accomplished or is failed to be done, the unit SMDR, Battalion Surgeon and appropriate command staff will be notified and administration action will occur.

Unit PMR

Witness

Sign _____

Sign _____

Print _____

Print _____