Emergency Plan for Power or Equipment Failure

Following cold chain transfer guidelines, Vaccine Contact moves vaccine to designated primary back-up location (specify location)

Primary back-up location:

Address:

Contact Name, Title:

Phone:

If primary back-up location does not have power, Vaccine Contact moves vaccine to designated secondary back-up

Contact Name, Title:

Phone:

Contact Wyoming Immunization Section to discuss vaccine viability:

Diana L. Martin, RN, Clinical Quality & Compliance Specialist Office: 307-789-2665 Cell: 307-256-4442

Valerie Koch, RN, Clinical Quality & Compliance Specialist

Office: 307-777-8981 Cell: 307-256-1727

This is a clickable PDF form. Please fill in your information in the boxes supplied and post.

Please post your Emergency Plan in a clearly visible location, near the refrigerator. Update at least annually.

WyVIP

Wyoming Vaccinates Important People

Wyoming Immunization Program 307-777-7952 FAX: 307-777-3615

www.immunizewyoming.com

Primary Vaccine Contact Name:_____

Phone:

Other Phone:

Secondary Vaccine Contact Name:

Phone:

Other Phone:_____

Signature:_____

Date:____

Vaccine Manufacturers:

GlaxoSmithKline: 866-475-8222
MedImmune: 877-633-4411
Merck & Co., Inc.: 800-609-4618
Novartis: 800-244-7668
Sanofi Pasteur: 800-822-2463
Wyeth: 800-934-8384