

## Guide to Approving VFC Provider Vaccine Orders Checklist (revised 11/7/17)

PIN: \_\_\_\_\_ Facility \_\_\_\_\_ Order date \_\_\_\_/\_\_\_\_/\_\_\_\_

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|---|---|---|
| Y | N | Facility name, VFC PIN, unit indicated on each temperature log  |
| Y | N | Initials of who recorded temperatures present for all temperature recordings  |
| Y | N | Times of temperature readings recorded  |
| Y | N | NA For freezer temperatures, actual temperature recorded if not listed in column  |
| Y | N | NA Weekly calibration done if has more than one monitoring device   |
| Y | N | NA All measuring devices within 3 degrees of certified thermometer  |
| Y | N | Twice daily temperatures recorded   |
| Y | N | If temps missing, documentation present explaining why (ex. closed for holiday)   |
| Y | N | MIN/MAX temperatures recorded   |
| Y | N | All temperatures within proper temperature range. If not, hold order and review documentation for action taken, were data logger files provided, were additional temps recorded until it was back in range, etc. Logs may be approved if temps were back in range within 30 minutes. If not, provide education, have provider call manufacturers to determine whether vaccines are viable, etc. |
| Y | N | Dates on VFC DAR cover period from last order to current period   |
| Y | N | Accurate number doses administered v. EIR   |
| Y | N | All doses given to age appropriate groups   |
| Y | N | DAR numbers compare to children served in provider annual profile   |
| Y | N | NA Only providers enrolled in adult programs (FQHC, Tribal HC, etc.) administering to adults  |
| Y | N | Dates on VFC EIR cover period from last period to current period  |
| Y | N | Correct PIN on report   |
| Y | N | Expiration dates assessed   |
| Y | N | NA Discussed plan for soon-to-expire vaccines   |
| Y | N | Reviewed Brwd/Rplcd and Unusable LW columns on EIR (transactions should be rare, question if you find vaccines not provided by VFC)   |
| Y | N | Run MCIR Return/Waste Transaction Report under Vaccine Reports to assure provider does not have any unreported losses. If noted have provider complete return/waste report.   |
| Y | N | Check Process return waste to review and send on any reported losses.   |
| Y | N | Doses administered section of EIR reflects number on DAR (If provider balances more frequently than one time between orders, it is necessary to view all EIR and DAR for the same time period)  |
| Y | N | Date on order is within 10 calendar days of submission of supporting documents  |
| Y | N | Order amount appropriate based on DAR and EIR   |
| Y | N | NA Reviewed for specialized vaccine (DT, etc.) quantity and necessary supporting documentation  |
| Y | N | NA Order submitted ____/____/____   |

VFC Primary: \_\_\_\_\_

VFC Back-up: \_\_\_\_\_