

In advance of an emergency, complete the following checklist and forms and store this information in an easily accessible area near the vaccine storage units. See the [Vaccine Storage and Handling Plans](#) section for details.

Checklist of Resources for the Emergency Vaccine Retrieval and Storage Plan

- Designated primary and alternate vaccine coordinators with emergency contact information.
- Emergency staff contact list in order of contact preference.
- Specifications of vaccine storage unit (type, brand, model number, serial number).
- Alternate vaccine storage facility(ies).
- Written protocols, vehicles, and drivers for transporting vaccines to and from the alternate vaccine storage facility(ies).
- Written instructions for entering your facility and vaccine storage areas in an emergency in the event the building is closed. These instructions should include the building security/after-hours access procedure, a floor diagram, and the locations of the following:
 - Alarms (including instructions for use)
 - Doors
 - Flashlights
 - Spare batteries
 - Light switches
 - Keys
 - Locks
 - Circuit breakers
 - Packing materials
- Appropriate packing materials to safely transport or temporarily store vaccines.
- Written protocol for vaccine packing refrigerated vaccines.
- Written protocol for vaccine packing frozen vaccines.
- Written protocol for vaccine transport
- Written protocol for appropriately storing vaccines at the alternate storage facility.
- Up-to-date list of Manufacturers' Telephone Numbers.

Vaccine Coordinators			
Vaccine Coordinators	Name/Title	Telephone Numbers (home, cell, pager)	E-mail Address
Primary			
Alternate			

Emergency Staff Contact List*			
Name	Title	Telephone Numbers (home, cell, pager)	E-mail Address
1.			
2.			
3.			
4.			
5.			
6.			

* List contacts in order of preference. Determine whether all or certain persons on the list should be contacted or if the first person reached is sufficient. Include the primary and alternate vaccine coordinators on the list.

Vaccine Storage Unit Specifications			
Type of Unit (Refrigerator or Freezer)	Brand	Model Number	Serial Number

Emergency Resources Contact List			
Emergency Resources	Contact Person Name/Title	Telephone Numbers (home, cell, pager)	E-mail Address
Additional Staff (to move and pack vaccine)			
State Health Department Immunization Program			
Local Health Department Immunization Program			
Electric Power Company			
Emergency Generator Repair Company (if applicable)			
Emergency Generator Fuel Source (if applicable)			
Refrigerator Unit Repair Company			
Freezer Unit Repair Company			
Temperature Alarm Monitoring Company (if applicable)			
Security or Perimeter Alarm Company (if applicable)			
Weather Service			

Vaccine Storage and Handling Toolkit
National Center for Immunization and Respiratory Diseases

Emergency Resources Company Name/Address	Contact Person Name/Title	Telephone Numbers (home, cell, pager)	E-mail Address
Alternate Vaccine Storage Facility(ies)			
1.			
2.			
3.			
4.			
Emergency Resources Name/Address	Contact Person Name/Title	Telephone Numbers (home, cell, pager)	E-mail Address
Transportation to Alternate Vaccine Storage Facility(ies)*			
Refrigeration Company			
Refrigeration Company (alternate)			
Private Vehicle			
Private Vehicle (alternate)			

Vaccine Storage and Handling Toolkit
National Center for Immunization and Respiratory Diseases

Emergency Resources Company Name/Address	Contact Person Name/Title	Telephone Num- bers (home, cell, pager)	E-mail Address
Packing Materials			
Insulated Containers			
Insulated Containers (alternate)			
Fillers (e.g., bubble wrap, Styrofoam pellets)			
Fillers (alternate)			
Coolant Packs			
Coolant Packs (alternate)			
Calibrated Thermometers			
Calibrated Thermometers (alternate)			