



Vaccine Storage and Handling Readiness Checklist

Vaccines must be stored at appropriate temperatures as described in the manufacturer package inserts at all times. Exposure to temperatures outside of the ranges detailed in the package inserts could affect vaccine viability and, ultimately, leave children unprotected against vaccine-preventable diseases. Vaccines that are kept in a freezer should be kept frozen until needed. Thaw frozen vaccine as needed for administration. **NEVER** refreeze thawed vaccine.

Please refer to the CDC [Vaccine Storage and Handling Toolkit \(cdc.gov\)](https://www.cdc.gov/vaccines/imz/downloads/2017/08/2017-08-23-vaccine-storage-and-handling-toolkit.pdf) for details on CVP storage and handling requirements.

The following information needs to be emailed to dph.immunization@ct.gov to complete the minimum Storage and Handling assessment requirements for participation in the Connecticut Vaccine Program (CVP). The following documents are needed:

Specific requirements:

Available Storage Units (Please check all that will be used to store CVP Vaccines):

- Pharmaceutical Fridge Pharmaceutical Freezer Stand alone Fridge
- Stand alone Freezer Combo only using the refrigerator

***Dorm style compact refrigerator unit with an embedded freezer is NOT an acceptable storage unit and a household combination unit using the freezer compartment is not an acceptable storage unit.**

- Up-to-date Managed Assets section of CT WiZ (i.e.: Storage Units, DDLs)

***All storage equipment MUST be entered in CT WiZ Managed Assets.**

- A completed and signed CVP Vaccine Storage and Handling Readiness Checklist- Attesting that your facility has the proper storage equipment in place to receive CVP vaccines.
- All storage equipment **MUST** be entered in CT WiZ Managed Assets.
- Pictures of all storage units (Refrigerator and freezer open/closed).
- Do Not Disconnect/Unplug” signage (Refrigerator and freezer) and Circuit Breaker
- Pictures of your TMD for all units along with a current and valid certificate of calibration.
- A copy of your Vaccine Management and CVP Back-up plan in writing
- A printout of your TMD for all units showing at least 72 hours of stable temperatures.

Facility Name: _____ **Date:** _____

Signature: _____

Please retain all documents and have them available for review by DPH upon request.

When completed, email the documents to dph.immunizations@ct.gov. The subject line should read **CVP Vaccine Storage and Handling Readiness Checklist.**