



# Department of Health

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## New York State COVID-19 Vaccination Program Temperature Excursion Report

An *out-of-range temperature incident*, also called a *temperature excursion* is any temperature outside therecommended range for a vaccine. The TOTAL amount of time a vaccine is stored at an out-of-range temperature affects the viability of the vaccine.

Complete this report to gather information vaccine manufacturers will need to make a stability determination. For vaccines in question, **label the vaccine "DO NOT USE"** and if applicable, move it to a unit where it can be stored at the correct temperature. Download your digital data logger data to gather information on duration of excursion. Do not administer any affected vaccine until you have determined its efficacy with the manufacturer and report the excursion to the New York State Department of Health Vaccine Program at [vaccinempexcursion@health.ny.gov](mailto:vaccinempexcursion@health.ny.gov).

Recommended Temperature Ranges				
MANUFACTURER	REFRIGERATOR	FREEZER	ULT FREEZER	THERMAL SHIPPER
PFIZER	2° C to 8° C (36° F to 46° F) 31 days	-25° C to -15° C (-13° F to 5° F) 2 weeks cumulative	-80° C to -60° C (-112° F and -76° F) Until expiration date	-90° C to -60° C * (-130° F to -76° F)
MODERNA	2° C to 8° C (36° F to 46° F) 30 days	-50° C to -15° C (-58° F to 5° F) Until expiration date	N/A	N/A
Janssen	2° C to 8° C (36° F to 46° F) Until expiration date	N/A	N/A	N/A

\* Storage within this temperature range is not considered an excursion from the recommended storage condition.

### Step 1: Record the temperature excursion details.

Select affected vaccine:  Pfizer  Moderna  Janssen

Temperatures out of range:  too cold  too warm

Excursion start date: \_\_\_\_\_ Excursion end date: \_\_\_\_\_

**Affected vaccines stored in:**

refrigerator  freezer  ULT freezer  thermal shipper  transport container

**Check if related to:**

redistribution  off-site/mobile clinic  emergency transport

**What was the coldest temperature:** \_\_\_\_\_

**Total duration of excursion:** \_\_\_\_\_ (hrs./mins.)

**Description of incident:** \_\_\_\_\_  
\_\_\_\_\_

**Were affected vaccines involved in a previous temperature excursion?**  No  Yes, date: \_\_\_\_\_

This information must be communicated to the manufacturer as part of the viability determination.

**Step 2: Record manufacturer’s stability determination.**

- Contact the vaccine manufacturer using phone information below.
- Request a case number/reference number for your call and document the number provided.
- Communicate information about this and any prior excursions affecting these doses
- Request stability letters of electronic reports from the manufacturers; keep for your records for three years.
- Document the manufacturer’s resolution on this form.

MANUFACTURER	Phone	Doses Administered?	Stability Determination	Case or Reference#
PFIZER	800-666-7248 option 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> May use <input type="checkbox"/> May not use	
MODERNA	866-663-3762 Online	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> May use <input type="checkbox"/> May not use	
JANSSEN	1-800-565-4008	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> May use <input type="checkbox"/> May not use	

**Resolution:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Step 3: Determine viability.**

If manufacturer determines vaccines are okay to use:

- Remove “DO NOT USE” sign and alert your supervisor. Vaccines are okay to administer. If

manufacturer determines vaccines **may not** be viable and are NOT okay to use:

- Dispose of the non-viable vaccine as medical waste, such as by placing in a sharps container.
- Document wasted doses in NYSIIS (guidance found [here](#)).

**Step 4: Contact Information**

Facility/Provider Name: \_\_\_\_\_

NYSIIS COVID PIN#: \_\_\_\_\_

Name of Person Submitting: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Step 5: Submit the Temperature Excursion Report and attach relevant documents.**

- Submit this report to [vaccinempexcursion@health.ny.gov](mailto:vaccinempexcursion@health.ny.gov) and include any supporting documentationsuch as data logger summary report (or section showing excursions), vaccine transport log, temperature log, etc.