

Facility Information

RMP_MS_: _____ Name of Facility: _____

Facility Contact Name _____

Address: _____

Phone Number: _____ Fax Number: _____

Reason for Vaccine Return

Expired Vaccine Cold Chain Failure Excess Vaccine

Damaged Product Office Closure

Other Reasons for Return: (Please Specify) _____

Return to Peel Public Health (YYYY/MM/DD) _____

Cold Chain Incident (if applicable)

Date: _____ Time: _____

Reported to Peel Public Health Yes No

Please return vaccine to Peel Public Health with your next vaccine pick-up or delivery.

IMPORTANT: Vaccine return instructions:

- **Do not return vaccines with needles attached.** Remove all needles before returning vaccines to avoid health and safety risks for our staff.
- **Return only publicly funded vaccines** provided by Peel Public Health. We do not accept private or COVID-19 vaccines. For COVID-19 vaccine wastage, refer to the General COVID-19: Vaccine Storage and Handling Guidance document- [moh-covid-19-guidance-vaccine-storage-handling-en.pdf \(ontario.ca\)](https://www.moh.gov.on.ca/images/stories/covid19/moh-covid-19-guidance-vaccine-storage-handling-en.pdf).
- **Ensure vaccines are returned in their original packaging.**