Vaccine Wastage Return Form

ALL fields in this form must be completed. Attach a completed copy of this form when returning publicly funded vaccines to Peel Public Health.

Facility Information

RMP_MS: _____ Facility Contact Name: _____

Name of Facility : _____

Address: _____

Phone Number: _____

Reason for Vaccine Return

☐ Expired Vaccine

☐ Requested by Peel Public Health

☐ Office closure - no longer storing publicly funded vaccines

☐ Cold chain failure reported to Peel Public Health

_____
Enter name of Public Health Nurse

Other Reasons for Return: (Please Specify) _____

Date Returned to Peel Public Health: (YYYY/MM/DD) _____

Important Vaccine Return Instructions

- Return only unpunctured publicly funded vaccines to Peel Public Health.
- Punctured vials should be disposed of in accordance with your facility's policies and procedures for biohazardous waste disposal.
- Ensure vaccines are returned in their original packaging.
- Never return vaccines with needles attached.
- Do not return COVID-19 vaccines. Refer to COVID-19 vaccine storing, handling and disposing.