West Virginia Division of Immunization Services
COVID-19 Vaccine Wastage Report Form
Phone: (800) 642-3634

Date: ___________________  Pin Number: ___________________

Provider Name: ____________________________________________

Phone #: ___________________  Fax #: ___________________

Contact Person: ____________________________________________

Wastage Reason Codes:
1. Pfizer vial provided 5 doses or fewer
2. Expired
3. Natural disaster/power outage
4. Refrigerator temperature too warm
5. Refrigerator temperature too cold
6. Failure to store properly upon receipt
7. Vaccine spoiled in transit
8. Mechanical failure
9. Spoiled
10. Other

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<thead>
<tr>
<th>Wastage Code</th>
<th>Doses</th>
<th>Manufacturer</th>
<th>Lot #</th>
<th>Expiration Date</th>
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Explanation of 10 - Other, if applicable

Please email the completed copy of this form COVIDVaccinationprog@wv.gov. Providers are responsible for disposing of vaccines in accordance with West Virginia Infectious Medical Waste Rule 64CSR56.