How to Do a Physical Inventory

1 Print VFC Physical Inventory Form.
(If your practice uses an immunization registry, also print a copy of the current inventory report.)
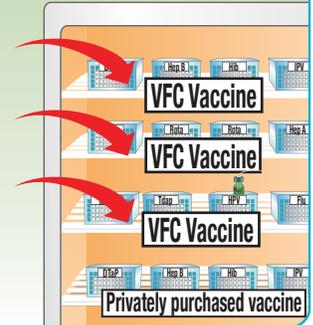

2 Determine which vaccine is VFC vaccine.
VFC requires providers to separate and clearly label private and VFC stock. Many practices keep their VFC vaccine on one shelf, and their private stock on another shelf. (To learn best practices for storing vaccine, go to the EZIZ lesson, *Storing Vaccines*.)

3 Remove all doses of the first vaccine.
Then close the refrigerator door.

4 Group the vaccine by lot numbers.
Be sure to look at the lot number on every box of vaccine.

5 Enter vaccine information on the VFC Physical Inventory Form.
(Do not enter private vaccine inventory.)

VACCINE	BRAND	DOSES PER BOX	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND	TOTAL DOSES ON HAND
DTaP/ Hepatitis B/ IPV	✓ DAPTACEL–vials	10	AC21B177CA	09/26/15	30	61
	☐ Infanrix–vials	10	AB19C165CA	03/17/14	31	
	☐ Infanrix–syringes	10				

- Write a check next to the brand and packaging.

- Write the first lot number of that vaccine and its expiration date; if any vaccine has expired or will expire within three months, tell your VFC rep.

- Count all doses of that lot number and write the total in the number of doses on hand space; be sure to count all doses in all opened boxes.

- Do the same for each lot number of that vaccine.

- Add the number of doses on hand for all the lot numbers of that vaccine and write it in the Total Doses on Hand column.

6 Put the vaccine back
in order of expiration date with short-dated vaccine in front

7 Repeat for all VFC vaccines.
When you have finished, make sure that all vaccine has been returned to the refrigerator and freezer and that their doors are closed.

Registry users: if the number of doses on the current inventory report is different than the number you wrote on the VFC Physical Inventory Form, you'll need to figure out why.
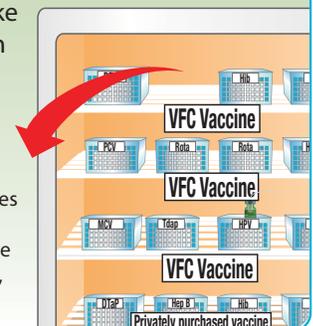
VACCINE PHYSICAL INVENTORY FORM

DATE: _____

Instructions: 1. Complete this form before you order VFC vaccine.
2. Transfer all lot numbers, expiration dates, and total doses on hand of all vaccines on this form to the (online or hard copy) VFC Vaccine Order Form.
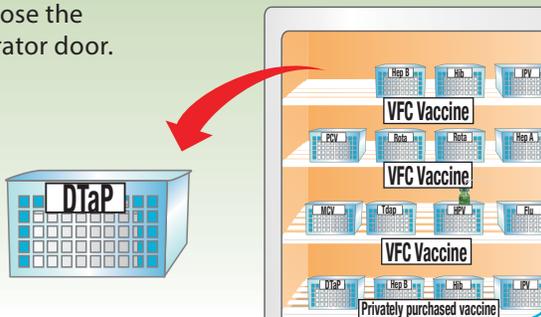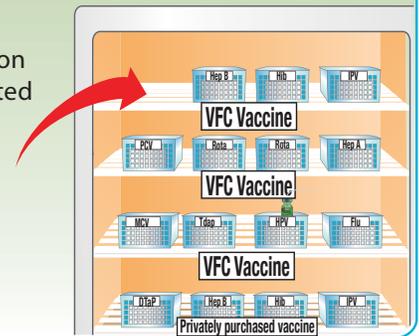
REFRIGERATOR

VACCINE	BRAND	DOSES PER BOX	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND	LOT NUMBERS (Additional Space)	EXPIRATION DATE	# DOSES ON HAND	TOTAL DOSES ON HAND
DTaP	☐ DAPTACEL–vials ☐ Infanrix–vials ☐ Infanrix–syringes	10 10 10							
DTaP/ IPV	☐ Kinrix–vials ☐ Kinrix–syringes	10 5							
DTaP/ Hep B/ IPV	Pediarix–syringes								
DTaP/ IPV/ Hib	Pentacel–vials	5							
Hep A	☐ VAQTA–vials ☐ Havrix–vials ☐ Havrix–syringes	10 10 10							
Hep B	☐ ENGERIX B–vials ☐ ENGERIX B–syringes ☐ RECOMBIVAX–vials	10 10 10							
Hep B/ Hib	Comvax–vials	10							
Hib	☐ PedvaxHIB–vials ☐ Hiberix–vials ☐ ActHIB–vials	10 10 5							
HPV	☐ Cervarix–vials ☐ Cervarix–syringes ☐ Gardasil–vials	10 5 10							
IPV	IPOL–vials	10							
MCV	☐ Menactra–vials ☐ Menveo–vials	5 5							
PCV	Prevnar–syringes	10							
Rota	☐ Rotarix–vials ☐ RotaTeq–tubes ☐ RotaTeq–tubes	10 10 25							
Td	☐ DECAVAC–vials ☐ DECAVAC–syringes ☐ Tenivac–vials ☐ Tenivac–syringes	10 10 10 10							
Tdap	☐ ADACEL–vials ☐ ADACEL–syringes ☐ BOOSTRIX–vials ☐ BOOSTRIX–syringes	10 5 10 10							

FREEZER

VACCINE	BRAND	DOSES PER BOX	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND	TOTAL DOSES ON HAND
Varicella	VARIVAX–vials	10							
MMR	MMR-II–vials	10							
MMR-V	Proquad–vials	10							