



Vaccine Wastage Best Practices

Facility: _____
Location: _____ PIN: _____
Point of contact: _____ Phone: _____

Please share the challenges that your practice has experienced (How was it solved, what tools were used, did you use a system, did you create your own tools/system, and are there recommendations from MIP that have helped your practice?):

Is there anything your team is proud of that you would like to share with the MIP team?

Do you have any recommendations for a practice that could be experiencing challenges?

Return completed forms to ImmunizeME.DHHS@maine.gov or fax to 207-287-8127.

Thank you for your time and cooperation.