

San Francisco Department of Public Health



Key Staff Contacts Form

As part of your vaccine program application, please fax a completed copy of this form and to the SFDPH Immunization Program at (415) 554-2579 or email to tina.milton@sfdph.org. Update this form and share with SFDPH any time there are staffing changes at your clinic site. Post a copy on the front of each vaccine storage unit at your site.

All staff handling vaccines at this clinic are responsible for ensuring that the components of proper vaccine management outlined in the Vaccine Management Plan binder are practiced.

Clinic Name: _____

Vaccine Coordinator:	Signature & Date:
Phone #:	Cell #:
1 st Backup:	Signature & Date:
Phone #:	Cell #:
2 nd Backup:	Signature & Date:
Phone #:	Cell #:
Medical Director:	Signature & Date:
Phone #:	Cell #:

Emergency Storage Location

It is the direct responsibility of designated staff to ensure all emergency vaccine handling procedures are followed. In an emergency, an alternative vaccine storage facility and on location staff members should be appointed.

Location of Facility: _____

Emergency Location Contact:	
Phone #:	Cell #:
Secondary Contact:	
Phone #:	Cell #:
Third Contact:	
Phone #:	Cell #:

Refrigerator/Freezer Repair Information

Company name: _____

Contact information: _____