

Vaccine Cold Chain Incident Exposure Report Form

Facility Information

Name of Facility

First Name

Last Name

Phone

Fax

Date public health unit notified (yyyy/mm/dd)

Incident Description

Date and time of last known temperature consistently between +2 °C to +8 °C

Date (yyyy/mm/dd)

Time (hh : mm)

Date and time of Incident
Date (yyyy/mm/dd)

Time (hh:mm)

Temperature at time of incident
Minimum | Maximum | Current

Estimated duration
Of exposure (hours)

For multiple incidents please describe the event including date and time of incident(s), temperature at time of incident(s) and estimated duration of exposure(s).

Event Information

- Power Failure: How long was the power disrupted _____
 What was the cause of the disruption _____
 What time of day was the disruption _____
- Fridge malfunction (e.g. sensor, compressor) _____
- Equipment malfunction (e.g. thermometer, alarm) _____
- Human Error (e.g. thermometer, alarm) _____
- Other (describe) _____

The Thunder Bay District Health Unit has been notified that provincially funded vaccine has been exposed to a cold chain incident at your facility. Please follow the steps below.

- ◆ Immediately place all vaccine into a bag and label the bag “ DO NOT USE”.
- ◆ Move the bag into a temperature monitored fridge/cooler maintained between +2 °C to +8 °C.
- ◆ Do not use any of the vaccine until it can be assessed by a Health Unit nurse.
- ◆ Keep the exposed vaccine between +2 °C to +8 °C, so that if deemed viable it may be used at a later date.
- ◆ Fax this completed 3 page report, along with the last two weeks of logged temperatures, to the Vaccine Preventable Department at (807) 625-4828.

Vaccine Inventory

Vaccine	Product Alternate ID	Lot Number	Number of doses	Expiry date (yyyy/mm/dd)	Previous exposure
Act-Hib	657132550				<input type="checkbox"/>
Adacel	657122030				<input type="checkbox"/>
Adacel-Polio	657130030				<input type="checkbox"/>
Agriflu	657133230				<input type="checkbox"/>
Avaxim-Adult	657132570				<input type="checkbox"/>
Bexsero	657133140				<input type="checkbox"/>
Boostrix	657122070				<input type="checkbox"/>
Boostrix-Polio	657120130				<input type="checkbox"/>
Evgerix B Adolescent/Adult	657132430				<input type="checkbox"/>
Engerix B Pediatric	657132510				<input type="checkbox"/>
Fluad	657133520				<input type="checkbox"/>
Fluviral	657133230				<input type="checkbox"/>
Fluzone	657133230				<input type="checkbox"/>
Gardasil	657133510				<input type="checkbox"/>
Havrix Adult	657132570				<input type="checkbox"/>
Havrix Pediatric	657132560				<input type="checkbox"/>
Imogam Rabies	657132250				<input type="checkbox"/>
Imovax Polio	657132202				<input type="checkbox"/>
Imovax Rabies	657132310				<input type="checkbox"/>
Infanrix-IPV	657133730				<input type="checkbox"/>
Menactra	657133600				<input type="checkbox"/>
Menjugate	657133442				<input type="checkbox"/>
Menomune					<input type="checkbox"/>
MMR II	657132300				<input type="checkbox"/>
Pediacel	657133460				<input type="checkbox"/>
Pneumovax	657140102				<input type="checkbox"/>

Vaccine	Product Alternate ID	Lot Number	Number of doses	Expiry date (yyyy/mm/dd)	Previous exposure
Pevnar	657122025				<input type="checkbox"/>
Priorix	657132300				<input type="checkbox"/>
Priorix-TetraTM	657136040				<input type="checkbox"/>
ProQuad	657136040				<input type="checkbox"/>
RabAvert	657132310				<input type="checkbox"/>
Recombivax HB Adolescent/ Adult	657133403				<input type="checkbox"/>
Recombivax HB Pediatric	657132510				<input type="checkbox"/>
Recombivax HB renal	657132430				<input type="checkbox"/>
RotarixTM	657142320				<input type="checkbox"/>
Td Adsorbed	657132400				<input type="checkbox"/>
Td Polio	657132490				<input type="checkbox"/>
Tubersol	650633110				<input type="checkbox"/>
Vaqta Adult	657132570				<input type="checkbox"/>
Vaqta Pediatric	657132560				<input type="checkbox"/>
Varilix	657133050				<input type="checkbox"/>
Varivax III	657133051				<input type="checkbox"/>
Vaxigrip	657133230				<input type="checkbox"/>
Other					<input type="checkbox"/>