



## Vaccine Cold Chain Failure Incident Report

**COMPLETED BY: (Please Print)**  
 Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Date: \_\_\_\_\_

**AGENCY/CLINIC INFORMATION:**

**Instructions:**

- Please complete & report to Public Health by end of working day for advice on potential use of vaccine.
- Vaccine exposure must be investigated by Public Health, as vaccine may be safe to use, please do not discard. Quarantine in fridge until safety of vaccine can be determined.
- Fax to 481-5923.

**Step 1: Check one Box below that best describes the problem.**

A. Power Interruption: 1  Power outage or blackout 2  Power interruption to Equipment (i.e. unplugged)

B. Equipment Problem: 1  Equipment breakdown 2  Temperature problem (i.e. temp reading too cold/warm)  
 Cause if known: \_\_\_\_\_

C. Handling Error: 1  Vaccine left out 2  Refrigerator door left ajar  
 3  Other: \_\_\_\_\_

D. Shipment Problem: 1  Temp reading too cold/warm on arrival 2  Product damaged in transit.

**Step 2: Answer each question below.**

E. Was there a thermometer in the fridge  Yes  No F. Duration of exposure \_\_\_\_\_ days/hours  
 (circle one)

G. Temperature reading *before* the problem occurred \_\_\_\_\_

H. Temperature reading *after* the problem was discovered \_\_\_\_\_

I. What actions have been taken to correct the problem: \_\_\_\_\_

**Step 3: Provide a description of exposed vaccines.**

| Product Description                                   | Lot Number | # Doses Exposed | Expiry Date (yy/mm/dd) | Previous Exposure? | For Public Health Use Only        |   |
|---|------------|-----------------|------------------------|--------------------|-----------------------------------|---|
|   |            |                 |                        |                    | Manufacturer                      | Outcome:<br>Use-Mark as Exposed / Discard                                     |
| DaPT/IPV, Quadracel™/ Adacel®-Polio                   |            |                 |                        | Y / N              | Sanofi Pasteur                    | <input type="checkbox"/> Use-Mark as Exposed <input type="checkbox"/> Discard |
| DaPT/IPV/Hib, Pediacel™                               |            |                 |                        | Y / N              | Sanofi Pasteur                    | <input type="checkbox"/> Use-Mark as Exposed <input type="checkbox"/> Discard |
| Influenza Vaccine, Fluviral™ or Agriflu*              |            |                 |                        | Y / N              | GlaxoSmithKline<br>Novartis       | <input type="checkbox"/> Use-Mark as Exposed <input type="checkbox"/> Discard |
| Measles, Mumps, Rubella, MMR II™                      |            |                 |                        | Y / N              | Merck Canada Inc.                 | <input type="checkbox"/> Use-Mark as Exposed <input type="checkbox"/> Discard |
| Measles, Mumps, Rubella and Varicella, Priorix-Tetra™ |            |                 |                        | Y / N              | GlaxoSmithKline                   | <input type="checkbox"/> Use-Mark as Exposed <input type="checkbox"/> Discard |
| Meningococcal C Conjugate Vaccine, NeisvacC™          |            |                 |                        | Y / N              | GlaxoSmithKline                   | <input type="checkbox"/> Use-Mark as Exposed <input type="checkbox"/> Discard |
| Pneumococcal Conjugate Vaccine, Prevnar™              |            |                 |                        | Y / N              | Pfizer Canada Inc.                | <input type="checkbox"/> Use-Mark as Exposed <input type="checkbox"/> Discard |
| Pneumococcal Polysaccharide Vaccine, Pneumovax 23™    |            |                 |                        | Y / N              | Merck Canada Inc.                 | <input type="checkbox"/> Use-Mark as Exposed <input type="checkbox"/> Discard |
| Tdap, Boostrix® or Adacel®                            |            |                 |                        | Y / N              | GlaxoSmithKline<br>Sanofi Pasteur | <input type="checkbox"/> Use-Mark as Exposed <input type="checkbox"/> Discard |
| Varicella Vaccine, Varilrix®                          |            |                 |                        | Y / N              | GlaxoSmithKline                   | <input type="checkbox"/> Use-Mark as Exposed <input type="checkbox"/> Discard |
|   |            |                 |                        | Y / N              |                                   | <input type="checkbox"/> Use-Mark as Exposed <input type="checkbox"/> Discard |