

Vaccine Cold Chain Incident Exposure/Wastage Report External Incident Report: Cold Chain Failure (Publicly Funded Vaccines only)

FAX report to your local PHU office

Cochrane 705-272-3394

Hearst 705-362-7462 Hornepayne 807-868-2225 Iroquois Falls 705-258-2249 Kapuskasing 705-337-1895 Matheson 705-273-2522 **Smooth Rock Falls** 705-338-2250 Moosonee 705-336-2919 Timmins 705-360-7308 Section A - Premises Information Name of Premises **Premises Contact** First Name Last Name Telephone Number & Ext Fax Number **Premises Type** □ Physician office (FP Solo) □ Community Health Centre □ Long-term care home □ Pharmacy ☐ Physician office (FP group) □ Correctional facility □ Nursing agency □ Workplace ☐ First Nations facility □ Other □ Hospital Date public health unit notified (yyyy,mm,dd) □ Detected on Annual Inspection Section B – Incident Description Date of last known temperature consistently between +2C to Time (hh:mm) Date (yyyy,mm,dd) +8C Date and time of incident Temperature at time of incident Time (hh:mm) Date (yyyy,mm,dd) Minimum Maximum Current Estimated duration of exposure For multiple incidents please describe the event including date and time of incident(s), (Hours) 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. fridge door left open, fridge unplugged, vaccine left on counter) ☐ Shipment problem □ Other (describe) Section C - Actions Taken By Premise Following Recognition of Incident Notes: □ Vaccine placed in Ziploc bag and note attached "DO NOT USE" ☐ External incident report completed and faxed to PHU ☐ Temperature logs sent to PHU ☐ Received fax from PHU describing steps to take post incident

Please note: Partial opened vials also need to be returned to your local Porcupine Health Unit with the number of doses left in each vial



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Vaccine		Lot	Total # of Doses	Expiry Date	Previous
(Please include both	Cost	Number	Including	(yyyy/mm/dd)	Exposure
Full and Partial Vials)		Number	Partial Vials	(yyyy/mm/aa)	(√ if Yes)
Act-Hib®	\$46.00				
Adacel®	\$38.55				
Adacel®Polio	\$52.79				
Bexsero®	\$109.64				
Boostrix®	\$30.74				
Boostrix-Polio®	\$37.06				
Engerix B® Adolescent/Adult	\$24.01				
Engerix B® Pediatric	\$11.39				
Gardasil® 9	\$170.87				
Havrix® Adult	\$49.37				
Havrix® Pediatric	\$24.68				
Imovax® Polio	\$47.00				
Imovax® Rabies	\$207.65				
Menactra®	\$105.30				
Menjugate®	\$36.74				
Menyeo®	\$107.21				
Nimenrix®	\$99.48				
MMR®II	\$34.33				
NeisVac-C®	\$80.19				
Pediacel®	\$55.02				
Pneumovax 23®	\$24.97				
Prevnar®13	\$99.02				
Priorix®	\$29.32				
Priorix-Tetra TM	\$96.70				
ProQuad®	\$116.17				
RabAvert®					
Recombivax HB® Adolescent/Adult	\$181.16				
-	\$22.54				
Recombivax HB® Pediatric	\$11.40				
Recombivax HB® Renal	\$184.80				
Rotarix TM	\$88.16				
Shingrix®	\$129.20				
Td Adsorbed	\$22.56				
Td Polio	\$61.55				
Tubersol	\$39.60				
Varilix®	\$61.56				
Varivax III®	\$81.85				
Alfuria Tetra	\$13.75				
Fluad®	\$13.04				
Flucelvax	\$25.00				
FluLaval Tetra	\$14.00				
Fluzone® Quadrivalent HD	\$69.50				
Fluzone® Quadrivalent	\$6.85				
Other:					
Other:					
Other:					
subtotal in this refrigerator					
Grand total in this refrigerator					

IMPORTANT: Fax completed form to PHU

Health Unit Use Only
Name of staff that investigated the incident (signature and title):



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Data entered in Panorama:	Yes	Date:		ASC#:	
EMR task sent to VPD Coordin	ator: 🗖 Yes	Date:			
Form and Report R00374 faxed	d to premise:	☐ Yes	Date:		