

## Vaccine Cold Chain Failure Incident Report

**COMPLETED BY: (required - Please Print)**

Name:

Telephone:

Fax:

Date:

**Name and Address of Physician/Medical Clinic: (required)****Instructions**

- Please complete and report to Public Health by as soon as possible 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 report to 902-481-5923

**Step 1**

Check one box below that best describes the problem:

1. Power Interruption: ☐ Power Outage or Blackout  
☐ Power interruption to Equipment (i.e. unplugged)
2. Equipment Problems: ☐ Equipment break down  
☐ Temperature Problem (i.e. temp reading too cold/warm)

Cause if known: \_\_\_\_\_

3. Handling Error: ☐ Vaccine left out ☐ Refrigerator Door Left Ajar  
☐ Other \_\_\_\_\_
4. Shipment Problem: ☐ Temp reading too cold/warm on arrival ☐ Product damaged in transit

**Step 2**

Answer each question below:

5. Was there a thermometer in the fridge? ☐ Yes ☐ No

Duration of Exposure \_\_\_\_\_ days or \_\_\_\_\_ hours

6. Temperature reading before the problem occurred \_\_\_\_\_
7. Temperature reading after the problem was discovered \_\_\_\_\_
8. What actions have been taken to correct the problem? \_\_\_\_\_

**Step 3 – Provide a Description of exposed vaccine**

					For Public Health Use Only	
Product Description	Lot Number	# doses exposed	Expiry Date (yy/mm/dd)	Previous Exposure?	Manufacturer	Outcome:
DaPT/IPV, Boostrix Polio™ or Adacel-Polio™				Yes / No	GlaxoSmithKline Sanofi Pasteur	<input type="checkbox"/> Use – Mark as exposed <input type="checkbox"/> Discard
DaPT/IPV/Hib, Pediacel™				Yes / No	Sanofi Pasteur	<input type="checkbox"/> Use – Mark as exposed <input type="checkbox"/> Discard
Influenza Vaccine				Yes / No	GlaxoSmithKline Novartis	<input type="checkbox"/> Use – Mark as exposed <input type="checkbox"/> Discard
Measles, Mumps, Rubella - MMRII™				Yes / No	Merck Canada Inc	<input type="checkbox"/> Use – Mark as exposed <input type="checkbox"/> Discard
Measles, Mumps, Rubella, Varicella – Priorix-Tetra™				Yes / No	GlaxoSmithKline	<input type="checkbox"/> Use – Mark as exposed <input type="checkbox"/> Discard
Meningococcal C Conjugate - NeisvacC™ or Menjugate™				Yes / No	GlaxoSmithKline Novartis	<input type="checkbox"/> Use – Mark as exposed <input type="checkbox"/> Discard
Pneumococcal Conjugate - Prevnar™				Yes / No	Pfizer Canada Inc	<input type="checkbox"/> Use – Mark as exposed <input type="checkbox"/> Discard
Pneumococcal Polysaccharide – Pneumovax 23™				Yes / No	Merck Canada Inc	<input type="checkbox"/> Use – Mark as exposed <input type="checkbox"/> Discard
Tdap - Boostrix™ or Adacel™				Yes / No	GlaxoSmithKline Sanofi Pasteur	<input type="checkbox"/> Use – Mark as exposed <input type="checkbox"/> Discard
Varicella - Varilrix™				Yes / No	GlaxoSmithKline	<input type="checkbox"/> Use – Mark as exposed <input type="checkbox"/> Discard
Td Adsorbed				Yes / No	Sanofi Pasteur	<input type="checkbox"/> Use – Mark as exposed <input type="checkbox"/> Discard
				Yes / No		<input type="checkbox"/> Use – Mark as exposed <input type="checkbox"/> Discard