

Cold Chain Break Report for Vaccines

Pharmacy Location: _____ Telephone: _____
Date Reported: _____ Fax #: _____

Publicly funded vaccine involved in a temperature excursion *must* be reported to the Provincial Immunization and Vaccine Preventable Disease Coordinator at the CPHO as soon as possible.

1. Circumstances causing the cold chain break:

Incident Occurred: Date: _____ Reported by: _____
Last temperature reported before excursion: _____
Temperature at time excursion identified: _____

Detailed Description of Excursion:

Reported to CPHO: _____ Date: _____ Time: _____

2. Action taken: Date: _____ Time: _____ temperature of refrigerated unit: _____

- ☐ Vaccine transferred? Insulated container? Y___ N___ Ice packs? Y___ N___
- ☐ Temperature of temporary storage container or fridge _____
- ☐ Vaccine count completed and listed (see included list)
- ☐ Quarantine vaccines labeled "DO NOT USE" in a monitored, temperature-controlled fridge.
- ☐ Vaccine vials and boxes marked with RED DOT and stored in red plastic container and placed at bottom of fridge.
- ☐ *Complete report and fax to Office of CPHO (902-620-3354) and copy put in with vaccines stored in red plastic container.
- ☐ Attach photocopy of temperature graph(s) if applicable.
- ☐ Incident report completed.
- ☐ **Office of CPHO will provide advice on the use of publicly funded vaccine; use or discard.**

Date completed: _____ Signature of person completing report: _____

***Please submit with completed list of vaccines report to Office of the Chief Public Health Officer, Fax number 902- 620-3354**

COLD CHAIN BREAK - List of Vaccines

VACCINE	PRODUCT MANUFACTURER	# of doses	Lot number(s)	Expiry date(s)	Use or Discard
FLUZONE					
FLUAD					
COVID-19 mRNA					
SHINGRIX					