

Cold Chain Breach Report Form

Provider name:		Address:	
Name of Contact Person:		Telephone:	Fax:
Email:		Fridge Location (if applicable):	

CHECK ONE BOX (UNDER EITHER 1, 2, 3, OR 4) THAT BEST DESCRIBES THE PROBLEM

Excursion Type	Cause	Cause
1. Power Interruption	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Power Interruption to Equipment
2. Equipment Problem	<input type="checkbox"/> Equipment Breakdown	<input type="checkbox"/> Other Temperature Problem
3. Handling Error	<input type="checkbox"/> Immunizations Left Out	<input type="checkbox"/> Refrigerator Door Left Open
4. Shipment Problem	<input type="checkbox"/> Temp Reading ↑ or ↓	<input type="checkbox"/> Product Damaged in Transit
5. Exposure details:		When was the Cold Chain event discovered?
When did the Cold Chain event start?	Date: _____ Time: _____	Date: _____ Time: _____
When did the Cold Chain event end?	Date: _____ Time: _____	Temperature at Discovery: _____°C

ANSWER EACH QUESTION BELOW

A. Was a min/max thermometer in the fridge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Were water bottles in the fridge and/or ice packs in the freezer at the time of this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Was there a temperature log maintained for this fridge for the past 30 days? <i>(If yes, include a copy when submitting this form)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. What was the temperature of the room where immunizations were stored? _____°C	
E. Have the affected immunizations been quarantined in an operating monitored fridge and marked "Do Not Use"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. What actions have been taken to correct the problem?	

Comments:

PLEASE INCLUDE A COPY OF YOUR RECENT TEMPERATURE LOGS (MINIMUM OF 30 DAYS PRIOR TO THE DATE OF SUBMITTING THIS REPORT FORM)

Completed By:	Date:
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Cold Chain Breach Report Form

Site Location: _____

Date of Incident: _____

Name of Contact Person: _____

Date Reported to Public Health: _____

Phone Number: _____

Fax Number: _____

Product Name	Lot Number	Expiry Date	# Of Doses	# Of Previous Exposures and Duration	Manufacturer	USE: Mark as Exposed	DO NOT USE
Abrysvo					Pfizer		
					Pfizer		
Act Hib					SP		
					SP		
Adacel Polio					SP		
					SP		
Adacel					SP		
					SP		
Fluviral					GSK		
					GSK		
Arexvy					GSK		
					GSK		
Bexsero					GSK		
					GSK		
Beyfortus					SP		
					SP		
Boostrix					GSK		
					GSK		
Engerix-B Adult					GSK		
					GSK		
Engerix-B Jr					GSK		
					GSK		
Fluad					Seqirus		
					Seqirus		
Flucelvax					Seqirus		
					Seqirus		
Flulaval Tetra					GSK		
					GSK		
Fluzone-Quad					SP		
					SP		
HD Fluzone					SP		
					SP		
Imovax Polio					SP		
					SP		
Imovax Rabies					SP		
					SP		
Gardasil					Merck		
					Merck		
Havrix					GSK		
					GSK		
KamRab (RIG)					Valneva		
					Valneva		
Rabavert					Valneva		
					Valneva		

Recombivax					Merck		
					Merck		
Imvamune					Bavarian Nordic		
					Bavarian Nordic		
Menveo					GSK		
					GSK		
Menjugate Liquid					GSK		
					GSK		
Nimenrix					Pfizer		
					Pfizer		
M-M-R II					Merck		
					Merck		
M-M-RvaxPro					Merck		
					Merck		
Diluent- Merck					Merck		
					Merck		
NeisVac-C					Pfizer		
					Pfizer		
Pediaceal					SP		
					SP		
Pentacel					SP		
					SP		
Prevnar 20					Pfizer		
					Pfizer		
Priorix Tetra					GSK		
					GSK		
ProQuad					Merck		
					Merck		
RotaTeq					Merck		
					Merck		
Shingrix					GSK		
					GSK		
Td Adsorbed					SP		
					SP		
Twinrix					GSK		
					GSK		
Tubersol					SP		
					SP		
Varivax					Merck		
					Merck		
Vaxneuvance					Merck		
					Merck		
COVID-19 Moderna Spikevax					Moderna		
					Moderna		
					Moderna		
COVID-19 Pfizer Comirnaty					Pfizer		
					Pfizer		
					Pfizer		

Fax or Email to the Provincial BioDepot at: (902) 481-5923 or PublicHealthVaccineOrders@nshealth.ca