

Report of an Adverse Storage Condition (Cold Chain Incident)



Name of Facility: _____

Date: _____

The person below from your site reported a cold chain incident to Public Health involving Ontario Government Pharmacy vaccines. A Nurse will contact your site after receiving the information below. If you have questions, please call 705-743-1000, ext. 242. Please check off once these recommendations are completed and fax this form to Peterborough Public Health at 705-743-2897:

- Vaccine placed in a bag labeled: "DO NOT USE until assessed by Public Health staff"
- Sign placed on front of fridge which states: "Do NOT use this fridge for vaccine storage until further notice"
- Vaccine moved to another fridge which has a maximum-minimum thermometer and has documented temperatures within 2°C to 8°C (If not, keep vaccine in current fridge)
- Will continue to monitor and record the temperature of the vaccine fridge twice
- Daily faxed log sheets to Public Health from the date of your last vaccine order

Person Reporting Cold Chain Incident:		Title:
Premise Name:		
Phone:	Fax:	
Date Reporting Incident:	Time Reporting Incident: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
PPH Staff Person Receiving Report:		Title:
First Date Out of Range (<2°C to 8°C):	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Date this Form Faxed to Site:		

Complete the following vaccine inventory table and fax this form to Public Health 705-743-2897:

Vaccine Name	Lot #	# of doses	Expiry Date (YYYY/MM/DD)	Was vaccine previously in a cold chain failure?
Act-Hib				<input type="checkbox"/> Yes <input type="checkbox"/> No
Adacel				<input type="checkbox"/> Yes <input type="checkbox"/> No
Adacel-Polio				<input type="checkbox"/> Yes <input type="checkbox"/> No
Bexsero				<input type="checkbox"/> Yes <input type="checkbox"/> No
Boostrix				<input type="checkbox"/> Yes <input type="checkbox"/> No
Boostrix-Polio				<input type="checkbox"/> Yes <input type="checkbox"/> No
Engerix B Adolescent/Adult				<input type="checkbox"/> Yes <input type="checkbox"/> No
Engerix B Pediatric				<input type="checkbox"/> Yes <input type="checkbox"/> No
Fluad				<input type="checkbox"/> Yes <input type="checkbox"/> No
FluLaval Tetra				<input type="checkbox"/> Yes <input type="checkbox"/> No
FluLaval Tetra OPEN vial				<input type="checkbox"/> Yes <input type="checkbox"/> No
Fluzone Quadrivalent				<input type="checkbox"/> Yes <input type="checkbox"/> No
Fluzone Quad OPEN vial				<input type="checkbox"/> Yes <input type="checkbox"/> No
Fluzone High Dose				<input type="checkbox"/> Yes <input type="checkbox"/> No
Gardasil 9				<input type="checkbox"/> Yes <input type="checkbox"/> No

Havrix Adult				<input type="checkbox"/> Yes <input type="checkbox"/> No
Havrix Pediatric				<input type="checkbox"/> Yes <input type="checkbox"/> No
HyperRAB				<input type="checkbox"/> Yes <input type="checkbox"/> No
Imovax Rabies				<input type="checkbox"/> Yes <input type="checkbox"/> No
Imovax Polio				<input type="checkbox"/> Yes <input type="checkbox"/> No
Menactra				<input type="checkbox"/> Yes <input type="checkbox"/> No
Menjugate				<input type="checkbox"/> Yes <input type="checkbox"/> No
MMR II				<input type="checkbox"/> Yes <input type="checkbox"/> No
Nimerix				<input type="checkbox"/> Yes <input type="checkbox"/> No
Pentacel				<input type="checkbox"/> Yes <input type="checkbox"/> No
Pevnar 20				<input type="checkbox"/> Yes <input type="checkbox"/> No
Priorix				<input type="checkbox"/> Yes <input type="checkbox"/> No
Priorix Tetra				<input type="checkbox"/> Yes <input type="checkbox"/> No
ProQuad				<input type="checkbox"/> Yes <input type="checkbox"/> No
Rabavert				<input type="checkbox"/> Yes <input type="checkbox"/> No
Recombivax HB Adult				<input type="checkbox"/> Yes <input type="checkbox"/> No
Recombivax HB Pediatric				<input type="checkbox"/> Yes <input type="checkbox"/> No
Recombivax HB Renal				<input type="checkbox"/> Yes <input type="checkbox"/> No
Rotarix				<input type="checkbox"/> Yes <input type="checkbox"/> No
Shingrix				<input type="checkbox"/> Yes <input type="checkbox"/> No
Td Adsorbed				<input type="checkbox"/> Yes <input type="checkbox"/> No
Tubersol				<input type="checkbox"/> Yes <input type="checkbox"/> No
Tubersol OPEN vial				<input type="checkbox"/> Yes <input type="checkbox"/> No
Vaqta Adult				<input type="checkbox"/> Yes <input type="checkbox"/> No
Vaqta Pediatric				<input type="checkbox"/> Yes <input type="checkbox"/> No
Varilrix				<input type="checkbox"/> Yes <input type="checkbox"/> No
Varivax III				<input type="checkbox"/> Yes <input type="checkbox"/> No
Vaxneuvance				<input type="checkbox"/> Yes <input type="checkbox"/> No