# COLD CHAIN INCIDENT FORM

**REPORTING HEALTH UNIT:**

Check ONE box that best describes the PRIMARY CAUSE of the incident:

- [ ] Power Outage
- [ ] Equipment Malfunction
- [ ] Handling Error
- [ ] Internal Health Authority Transport
- [ ] Other

Where did this incident happen?

- [ ] Doctor's Office
- [ ] Private Immunization Service
- [ ] Health Unit/Primary Care
- [ ] First Nations
- [ ] Other

**Date and Time Discovered:**

(YYYY/MM/DD; h:m am/pm)

**Name of Office Where Incident Occurred:**

**Phone Number:**

**Email:**

Incident Description and Action Taken (Provide specific details. For incidents involving transport include the shipper type and configuration.)

**Where did this incident happen?**

**Temperature Exposure Information (°C):**

Minimum Temperature

Maximum Temperature

Room Temperature

Duration of Exposure

How is the temperature monitored (e.g., data logger, min/max thermometer)?

**Vaccine Name (e.g., Engerix-B Adult)**

(Do NOT include punctured multi-dose vials)

Doses

Lot Number

Expiry Date (YYYY/MM/DD)

<table>
<thead>
<tr>
<th>First</th>
<th>Second</th>
<th>Third</th>
</tr>
</thead>
<tbody>
<tr>
<td>Celsius</td>
<td>Hours</td>
<td>Celsius</td>
</tr>
<tr>
<td>Use (Y/N)</td>
<td>Initials</td>
<td></td>
</tr>
</tbody>
</table>

Previous Exposure Details

(Do NOT include details of the current incident)

BPC or BCCDC Use

**Recommendation**

Submitting Biological Products Monitor:

Managing Biologicals Products Consultant:

Red dot and date all vaccines determined to be usable. Return all vaccines determined to be unusable to Health Unit/BCCDC.

Keep a copy of the final recommendations for your records.

**BPC Comments (if any)**

This form is available at: [http://www.bccdc.ca/health-professionals/clinical-resources/vaccine-management](http://www.bccdc.ca/health-professionals/clinical-resources/vaccine-management)

Version date: 2023/03/23