



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

COLD CHAIN INCIDENT FORM

PHARMACY	
PHONE:	604 - 707 - 2580
FAX:	604 - 707 - 2583

HEALTH UNIT:	
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Date Discovered: (YYYY/MM/DD)	
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Check one box that best describes the incident:

- | | |
|--|--|
| <input type="checkbox"/> Power Outage | <input type="checkbox"/> Internal Health Authority Transport |
| <input type="checkbox"/> Equipment Malfunction | <input type="checkbox"/> Other |
| <input type="checkbox"/> Handling Error | |

Where did this event happen?

- | | | |
|--|---|--|
| <input type="checkbox"/> Doctor's Office | <input type="checkbox"/> Private Immunization Service | <input type="checkbox"/> First Nations |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Health Unit | <input type="checkbox"/> Other |

Temperature (minimum OR maximum):

Celsius°

Duration of Exposure (Outside 0-8°C)

Hours

Describe Incident and Specify Name of Place Where Incident Occurred

Action Taken:

VACCINE	DOSES	LOT	EXPIRY DATE (YYYY/MM/DD)	Previous Exposure Notes (if any)						BPC or BCCDC Use		
				First		Second		Third		Recommendation		
				Celsius	Hours	Celsius	Hours	Celsius	Hours	USE (Y/N)	INITIALS	

Submitting Biological Products Monitor:	Managing Biologicals Products Consultant:
PHONE:	PHONE:
FAX:	FAX:

HEALTH UNIT USE ONLY:

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BPC Comments (if any)

Red dot and date all vaccines determined to be usable. Return all vaccines determined to be unusable to BCCDC. Keep a copy of the final recommendations for your records.