



# COLD CHAIN INCIDENT FORM

**ENSURE ALL FIELDS ARE COMPLETED. INCOMPLETE FORMS WILL BE RETURNED.**

Fax completed form to your local public health unit for review.  
To find your local public health unit go to:  
<https://immunizebc.ca/finder>

REPORTING HEALTH UNIT: \_\_\_\_\_

Date and Time Discovered: (YYYY/MM/DD; h:m am/pm) \_\_\_\_\_

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

Power Outage       Handling Error       Other  
 Equipment Malfunction       Internal Health Authority Transport

Name of Office Where Incident Occurred: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

Where did this incident happen?

Doctor's Office       Private Immunization Service       First Nations  
 Pharmacy       Health Unit/Primary Care       Other

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

Temperature Exposure Information (°C)	Additional Temperature Information	
Minimum Temperature _____	When was vaccine last stored within recommended temperature range?	_____ (YYYY/MM/DD)
Maximum Temperature _____		_____ Time (am/pm)
Room Temperature _____	When was vaccine returned to recommended temperature range?	_____ (YYYY/MM/DD)
		_____ Time (am/pm)

Duration of Exposure: \_\_\_\_\_  
 Hours \_\_\_\_\_ Minutes \_\_\_\_\_

Temperature logs included?  Yes  No

Accuracy of Temperature Monitoring Device (e.g. ± 0.5°C): \_\_\_\_\_

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

Previous Exposure Details (Do NOT include details of the current incident)						BPC or BCCDC Use Recommendation	
First		Second		Third		Use (Y/N)	Initials
Celsius	Hours	Celsius	Hours	Celsius	Hours		

Vaccine Name (e.g., Engerix-B Adult) (Do NOT include punctured multi-dose vials)	Doses	Lot Number	Expiry Date (YYYY/MM/DD)	Celsius		Celsius		Celsius		Use (Y/N)	Initials
				Hours	Hours	Hours	Hours	Hours			

Submitting Biological Products Monitor:  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Managing Biologicals Products Consultant:  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

HEALTH UNIT USE ONLY:

PAGE: \_\_\_\_\_ OF \_\_\_\_\_

BPC Comments (if any)

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.