

Cold Chain Break Report Form

Complete for all publicly funded products. Do not assume that vaccines must be wasted.

Ensure report is completed in full. If pertinent information is missing, report will be returned for completion.

Section 1

Date of Break: (yyyy-mm-dd) Date of Report: (yyyy-mm-dd) Reporter Name: _____

Telephone Number: _____ Fax Number: _____ Reporter Email Address: _____

Organization (SHA Network, FNJ, AHA, Pharmacy) Location (Community) Facility Name

Facility type:
 Public Health Pharmacy Physician office Primary Health Care Long-Term Care Acute Care Employee Health

Are products Quarantined & Labeled DO NOT USE and stored on cold chain? Yes No *(attach explanation if no)*

Check box for type of break and complete corresponding information:

Section 2

Vaccine left out of fridge/freezer:
 in cooler with cold packs in cooler with no cold packs in package on counter out of package on counter
 Vaccine returned to storage within required temperature range on: (date) _____ at (time) _____
Maximum length of time outside required temperature range: _____
 Room temperature at time of break: _____ °C on (date) _____ at (time) _____

Fridge/freezer temperature excursion:
 Fridge/freezer temperature when break identified _____ °C on (date) _____ at (time) _____
 Max. temp recorded during break interval _____ °C Min. temp recorded during break interval _____ °C
 Vaccine returned to storage within required temperature range on (date) _____ at (time) _____
Maximum length of time outside required temperature range: _____
 Last fridge temperature record before the break _____ °C on (date) _____ at (time) _____
 Room temperature before the break _____ °C on (date) _____ at (time) _____
Is temperature log being submitted? Yes No If No, indicate why: _____
Refrigerator/freezer type:
 Lab Fridge Biological Fridge Domestic Fridge Bar Fridge ULT Freezer Freezer Thermal Shipper
 Other _____
Date last serviced: _____
Thermometer/Monitor Type (Not Brand Name):
 Digital Min/Max Smart Button/Data Logger Warm/Cold Mark Chart/Wheel Recorder Not Monitored
 Other _____

Section 3

Break during transportation
Transportation category: from RRPL to a facility from a wholesaler to a pharmacy from a facility to a facility
 Vehicle type (e.g. car/courier) _____ Time delivery received: _____ Time when unpacked: _____
Was there a data logger included in the cooler/container? Yes No
 If yes, is it being sent back to RRPL (or if COVID-19 vaccine, to the manufacturer)? Yes No
 Was there a warm/cold marker in cooler? Yes No If yes, was it activated? Yes No Reading: _____

Description of break: _____

Cause of cold chain break:
 Human error Power outage Backup generator failed Thermometer malfunction Refrigerator malfunction
 Other: _____

Corrective action details and additional comments: _____

Were any affected products administered to clients? No Yes
 If yes, indicate the date the local Medical Health Officer was notified: _____
 If yes, identify these products with an asterisk* on page 2 or use a separate page if necessary.

