Ontario Ministry of Health

COVID-19 Vaccine Cold Chain Incident Exposure/Wastage Report

Section A – Public Health Unit Information

Name of public health unit

Date report completed (yyyy/mm/dd)

Report completed by

First Name

Last Name

Telephone Number ext.

Email Address

Section B – Premises Information

Name of premises

Premises Contact

First Name

Last Name

Telephone Number ext.

Premises type

- ☐ Physician office (FP solo)
- ☐ Physician office (Ped solo)
- ☐ Physician office (FP group)
- ☐ Physician office (Ped group)
- ☐ Community Health Centre
- ☐ Correctional facility
- ☐ First Nations facility
- ☐ Hospital
- ☐ Long-term care home
- ☐ Nursing agency
- ☐ Occupational health
- ☐ Public health unit
- ☐ Pharmacy
- ☐ Retirement home
- ☐ School
- ☐ Other _____

Client ID

Date of Most Recent Inspection (yyyy/mm/dd)

☐ Detected on Annual Inspection

Date public health unit notified (yyyy/mm/dd)

Section C – Incident Description (complete as applicable)

Date and time of last known temperature consistently between -80ºC to -60ºC	Date (yyyy/mm/dd)	Time (hh:mm)
Date and time of last known temperature consistently between -25ºC to -15ºC	Date (yyyy/mm/dd)	Time (hh:mm)
Date and time of last known temperature consistently between +2ºC to +8ºC (thaw, refrigerator)	Date (yyyy/mm/dd)	Time (hh:mm)
Date and time of last known temperature consistently between +15ºC to +25ºC (thaw, room temperature)	Date (yyyy/mm/dd)	Time (hh:mm)
Date and time of last known temperature consistently between +2ºC to +25ºC (post-dilution within 6hrs)	Date (yyyy/mm/dd)	Time (hh:mm)

Date and time of incident

Date (yyyy/mm/dd)

Time (hh:mm)

Temperature at time of incident

Minimum

Maximum

Current

Estimated duration of exposure (hours)

For multiple incidents please describe the event including date and time of incident(s), temperature at time of incident(s) and estimated duration of exposure(s).

Event Information

☐ Power Failure:

How long was the power disrupted

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What was the cause of the disruption

What time of day was the disruption

☐ Freezer/Fridge malfunction (e.g. sensor, compressor)

☐ Equipment malfunction (e.g. thermometer, alarm)

☐ Human Error (e.g. fridge door left open, fridge unplugged)

☐ Vaccine left in temperatures outside indicated parameters
(e.g. Pfizer: fridge >5 days, mixed at room temp. >6hrs or unmixed at room temp. >2hrs; Moderna: fridge >30 days, at room temp. >12hrs)

☐ Other (describe)

Section D – Actions Taken by Public Health Unit Staff

☐ Request premises to forward to the public health unit a copy of previous 2 weeks of temperature logs and/or data logger PDF file;

☐ Provide inventory of affected vaccines;

☐ Instruct the premises to bag all vaccine and label “DO NOT USE” and move to the required storage conditions (monitored storage unit or insulated container);

☐ Determine vaccine stability (contact the MEOC if necessary) and report finding to premises;

☐ Advise premises to quarantine expired and/or spoiled vaccine and relay advice/recommendations from the MEOC;

☐ Public health unit or premises mark reusable vaccine to indicate a temperature excursion and premises advised to use exposed vaccine first.

Section E – Vaccine Inventory

Vaccine	Lot number	Number of doses	Expiry date (yyyy/mm/dd)	Previous exposure (✓ if yes)	Can be used (✓ if yes)	Comments
Pfizer-BioNTech COVID-19 Vaccine				☐	☐	
Moderna COVID-19 Vaccine				☐	☐	