

Section A – Public Health Unit Information

Name of public health unit	Date report completed (yyyy/mm/dd)
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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.
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Premises type

<input type="checkbox"/> Physician office (FP solo)	<input type="checkbox"/> Community Health Centre	<input type="checkbox"/> Long-term care home	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Physician office (Ped solo)	<input type="checkbox"/> Correctional facility	<input type="checkbox"/> Nursing agency	<input type="checkbox"/> Retirement home
<input type="checkbox"/> Physician office (FP group)	<input type="checkbox"/> First Nations facility	<input type="checkbox"/> Occupational health	<input type="checkbox"/> School
<input type="checkbox"/> Physician office (Ped group)	<input type="checkbox"/> Hospital	<input type="checkbox"/> Public health unit	<input type="checkbox"/> Other _____

Client ID	Date of Most Recent Inspection (yyyy/mm/dd)	<input type="checkbox"/> Detected on Annual Inspection	Date public health unit notified (yyyy/mm/dd)
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Section C – Incident Description

Date and time of last known temperature consistently between +2°C to +8°C	Date (yyyy/mm/dd)	Time (hh:mm)		
Date and time of incident	Temperature at time of incident			
Date (yyyy/mm/dd)	Time (hh:mm)	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 _____
 What was the cause of the disruption _____
 What time of day was the disruption _____

Fridge malfunction (e.g. sensor, compressor) _____

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

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

Other (describe) _____

Section D – Actions Taken by Public Health Unit Staff

Request premises to forward the following to the public health unit as soon as possible:

- Copy of previous 2 weeks of temperature logs;
- Provide inventory of affected vaccines;
- Bag all vaccine and label "DONOT USE" and move to the required storage conditions (monitored refrigerator or insulated container);
- Determine vaccine stability and report finding to premises;
- Advise **premises** to return expired and spoiled vaccine to the public health unit. Public health unit is to complete the Non-reusable (expired or spoiled) Vaccine Return Record (Form 3150E– [http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbfoms.nsf/GetFileAttach/014-3150-64E~5/\\$File/3150-64E.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbfoms.nsf/GetFileAttach/014-3150-64E~5/$File/3150-64E.pdf);
- Toronto Public Health only– Advise premises to return expired and spoiled vaccine to OGPMS by completed the Non-reusable (expired or spoiled) Vaccine Return Record (Form 3296-64E – [http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbfoms.nsf/GetFileAttach/014-3296-64E~5/\\$File/3296-64E.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbfoms.nsf/GetFileAttach/014-3296-64E~5/$File/3296-64E.pdf);
- Public health unit/premises must mark reusable vaccine to indicate an exposure to a cold chain incident and public health unit must advise premises 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	Price per dose	Value of returned vaccine(s)
Act-Hib®				<input type="checkbox"/>	<input type="checkbox"/>		\$46.00	<input type="checkbox"/>
Adacel®				<input type="checkbox"/>	<input type="checkbox"/>		\$38.55	<input type="checkbox"/>
Adacel®-Polio				<input type="checkbox"/>	<input type="checkbox"/>		\$52.79	<input type="checkbox"/>
Bexsero®				<input type="checkbox"/>	<input type="checkbox"/>		\$109.64	<input type="checkbox"/>
Boostrix®				<input type="checkbox"/>	<input type="checkbox"/>		\$30.74	<input type="checkbox"/>
Boostrix®-Polio				<input type="checkbox"/>	<input type="checkbox"/>		\$37.06	<input type="checkbox"/>
Engerix B® Adolescent/Adult				<input type="checkbox"/>	<input type="checkbox"/>		\$24.01	<input type="checkbox"/>
Engerix B® Pediatric				<input type="checkbox"/>	<input type="checkbox"/>		\$11.39	<input type="checkbox"/>
Gardasil® 9				<input type="checkbox"/>	<input type="checkbox"/>		\$170.87	<input type="checkbox"/>
Havrix® Adult				<input type="checkbox"/>	<input type="checkbox"/>		\$49.37	<input type="checkbox"/>
Havrix® Pediatric				<input type="checkbox"/>	<input type="checkbox"/>		\$24.68	<input type="checkbox"/>
Imovax® Polio				<input type="checkbox"/>	<input type="checkbox"/>		\$47.00	<input type="checkbox"/>
Imovax® Rabies				<input type="checkbox"/>	<input type="checkbox"/>		\$207.65	<input type="checkbox"/>
Menactra®				<input type="checkbox"/>	<input type="checkbox"/>		\$105.30	<input type="checkbox"/>
Menjugate®				<input type="checkbox"/>	<input type="checkbox"/>		\$36.74	<input type="checkbox"/>
Menveo®				<input type="checkbox"/>	<input type="checkbox"/>		\$107.21	<input type="checkbox"/>
Nimenrix®				<input type="checkbox"/>	<input type="checkbox"/>		\$99.48	<input type="checkbox"/>
MMR® II				<input type="checkbox"/>	<input type="checkbox"/>		\$34.33	<input type="checkbox"/>
Neis Vac-C®				<input type="checkbox"/>	<input type="checkbox"/>		\$80.19	<input type="checkbox"/>
Pediacel®				<input type="checkbox"/>	<input type="checkbox"/>		\$55.02	<input type="checkbox"/>
Pneumovax® 23				<input type="checkbox"/>	<input type="checkbox"/>		\$24.97	<input type="checkbox"/>
Prenar® 13				<input type="checkbox"/>	<input type="checkbox"/>		\$99.02	<input type="checkbox"/>
Priorix®				<input type="checkbox"/>	<input type="checkbox"/>		\$29.32	<input type="checkbox"/>
Priorix-Tetra™				<input type="checkbox"/>	<input type="checkbox"/>		\$96.70	<input type="checkbox"/>
ProQuad®				<input type="checkbox"/>	<input type="checkbox"/>		\$116.17	<input type="checkbox"/>
RabAvert®				<input type="checkbox"/>	<input type="checkbox"/>		\$181.16	<input type="checkbox"/>
Recombivax HB® Adolescent/Adult				<input type="checkbox"/>	<input type="checkbox"/>		\$22.54	<input type="checkbox"/>
Recombivax HB® Pediatric				<input type="checkbox"/>	<input type="checkbox"/>		\$11.40	<input type="checkbox"/>
Recombivax HB® Renal				<input type="checkbox"/>	<input type="checkbox"/>		\$184.80	<input type="checkbox"/>
Rotarix™				<input type="checkbox"/>	<input type="checkbox"/>		\$88.16	<input type="checkbox"/>
Shingrix®				<input type="checkbox"/>	<input type="checkbox"/>		\$129.20	<input type="checkbox"/>
Td Adsorbed				<input type="checkbox"/>	<input type="checkbox"/>		\$22.56	<input type="checkbox"/>
Td Polio				<input type="checkbox"/>	<input type="checkbox"/>		\$61.55	<input type="checkbox"/>
Tubersol®				<input type="checkbox"/>	<input type="checkbox"/>		\$39.60	<input type="checkbox"/>
Varilix®				<input type="checkbox"/>	<input type="checkbox"/>		\$61.56	<input type="checkbox"/>
Varivax® III				<input type="checkbox"/>	<input type="checkbox"/>		\$81.85	<input type="checkbox"/>
Alfuria Tetra				<input type="checkbox"/>	<input type="checkbox"/>		\$13.75	<input type="checkbox"/>
Fluad®				<input type="checkbox"/>	<input type="checkbox"/>		\$13.04	<input type="checkbox"/>
Flucelvax				<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>
FluLaval Tetra				<input type="checkbox"/>	<input type="checkbox"/>		\$14.00	<input type="checkbox"/>
Fluzone® Quadrivalent HD				<input type="checkbox"/>	<input type="checkbox"/>		\$69.50	<input type="checkbox"/>
Fluzone® Quadrivalent				<input type="checkbox"/>	<input type="checkbox"/>		\$6.85	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Total Value of all Returned Vaccines								