

# COLD CHAIN INCIDENT REPORT FORM

For more information on this form contact: 519-258-2146 ext. 1121 or [vaccine@wechu.org](mailto:vaccine@wechu.org)

Submit this completed form and required attachments to: 519-977-1711 (fax) or [vaccine@wechu.org](mailto:vaccine@wechu.org)

Name of Facility: \_\_\_\_\_

Reported By: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Date Incident Identified: \_\_\_\_\_

Time Incident Identified: \_\_\_\_\_

## CAUSE OF INCIDENT

If cause known, indicate the reason and provide details. If cause unknown, describe under "Other"

Power Failure:  
(specify length and cause) \_\_\_\_\_

Refrigerator Malfunction:  
(e.g., sensor, compressor) \_\_\_\_\_

Equipment Malfunction:  
(e.g., thermometer) \_\_\_\_\_

Human Error:  
(e.g., door left open) \_\_\_\_\_

Other:  
(please describe) \_\_\_\_\_

## REQUIRED ATTACHMENTS TO THIS FORM:

- ✓ Cold Chain Vaccine Inventory Form
- ✓ Last 4 weeks of fridge log temperatures

