COLD CHAIN BREACH INCIDENT FORM

Processed By: _____(Signed)

Vaccine Refrigerator reported outside 2°-8°
Date: _____ Time:_____

Minimum/Maximum last read and reset
Date: _____ Time:_____

Possible duration of unsatisfactory temperatures: _____Days _____Hrs

Tick Appropriate Box(s)

❑ Temperature between 0.1°-2°

❑ Temperature 0° or below

❑ Temperature above 8°

Vaccine	No. of Vaccines	Batch No's	Use by Date	Instructions Received

SE Sydney Illawarra Public Health Unit contacted on Telephone: 4221 6700
Time: _____ Date : _____
Instructions Received by _____(Signed)
Instructions Completed by_____ (Date) _____(Signed)