**Vaccine storage incident checklist form**

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| **Vaccine Storage Incident Checklist** | |
| Item | Comments |
| 1. Date and time of incident form completion |  |
| 1. Fridge Location /Identifier |  |
| 1. Date and time of cold chain breach identified |  |
| 1. What were the temperature readings when the breach was noticed? | Min  Max  current |
| 1. Date and time of last guaranteed temperature between +2**°**C and +8**°**C |  |
| 1. Total duration of excursion | Hours  Minutes |
| 1. What alerted you to excursion     *(e.g. thermometer reading, fridge alarming, data logger)* |  |
| 1. Is there an alarm fitted on fridge? If so     *Are parameters set*  *After how long outside +2****°****C to +8****°****C*  *Does the alarm sound* |  |
| 1. If the alarm had gone off would anyone have heard it? |  |
| 1. Type of fridge Make and Model? |  |
| 1. How old is the fridge? |  |
| 1. When was fridge last serviced? |  |
| 1. Has an engineer checked fridge since incident?        What did their report say? |  |

**Vaccine storage incident checklist form (cont.)**

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| 1. How often temperatures recorded |  |
| 1. What type of thermometer is in use (integral to fridge, battery operated independent, data logger) |  |
| 1. Is there a thermometer probe in the fridge, what is its position in fridge? |  |
| 1. When was thermometer last reset? |  |
| 1. When was thermometer last calibrated? |  |
| 1. Has continuous temperature monitoring 48 hrs with data logger been performed since incident identified? |  |
| 1. Result of 48 hr continuous temperature recording with data logger |  |
| 1. Possible reason for temperature excursion?     *(e.g. re-stock/power failure/busy clinic)* |  |
| 1. Any obvious signs of freezing?     *(e.g. frosting sides or back of fridge, or wet or damaged boxes)* |  |
| 1. Any vaccines against side or back of fridge or pushed against cooling plate or air inlet? |  |
| 1. Have any of the vaccines been exposed to previous cold chain breach outside +2**°**C to +8**°**C? |  |
| 1. What is current vaccine stock, quantity, location, expiry date? |  |
| 1. Has anybody been vaccinated with potentially affected vaccines? |  |
| 1. Has the cause of the breach been rectified and / or steps taken to prevent problem reoccurring? |  |
| 1. Form completed by name/signature/date |  |