



Cold Chain Breach Report Form

In the event of a Cold Chain Breach please isolate vaccines exposed and refer to [Managing a Cold Chain Breach](#) on the SA Health website.

Email completed form and **logger numerical data** to healthimmunisation@sa.gov.au

The Immunisation Section, Communicable Disease Control Branch will respond to you within 3 business days.

DO NOT DISPOSE OF ANY VACCINES UNTIL ADVISED BY THE IMMUNISATION SECTION

Person submitting the report:	Position:
Vaccine Account Number (VAN):	Date of report:
Organisation / Clinic name:	
Address:	
Contact Telephone number:	
Email address:	

Fridge Type:	Vaccine Purpose Built	Other
Monitoring device:	Logger	Purpose Built Fridge Thermometer
		Min/Max Thermometer
Other (please describe):		

Date of Cold Chain Breach:		
Exposure Type:	Vaccines exposed to < 2°	Vaccines exposed to > 8°
Failure Type:	Power failure	Human Error
	Mechanical failure	Unknown
Description:		
	TIME	TEMPERATURE
Maximum temperature reached:		
Minimum Temperature reached:		
Additional information:		

SEE OVERLEAF TO RECORD VACCINES EXPOSED

Funded vaccines **ONLY**



VACCINES EXPOSED
*Funded vaccines **ONLY***
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VACCINE BRAND	PROGRAM	QTY (DOSES)	EXPOSURE
<i>e.g. Infanrix Hexa</i>	<i>Adult, Child, School</i>	<i>5</i>	<i>1st exposure or 2nd exposure</i>

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