

## Cold Chain Excursion Report

<b>Part A</b>					
Date Excursion Occurred <i>(yyyy-Mon-dd)</i>		Date of Report <i>(yyyy-Mon-dd)</i>		Reporter Name	
Telephone Number		Fax Number		Reporter Email Address	
Location of Excursion <i>(City/Town, Facility Name, Fridge # if applicable)</i>				Alberta Vaccine Inventory (AVI) PIN #	
Facility Type <input type="checkbox"/> Public Health <input type="checkbox"/> Acute Care <input type="checkbox"/> AHS Pharmacy <input type="checkbox"/> Continuing Care <input type="checkbox"/> Corrections <input type="checkbox"/> Dialysis Clinics <input type="checkbox"/> FNIHB <input type="checkbox"/> Outpatient Clinics <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Private Agency <i>(e.g. WeCare, Shell)</i> <input type="checkbox"/> WHS/OHS <input type="checkbox"/> Vaccine Depot				Type of Cold Chain Excursion <input type="checkbox"/> Temperature Excursion <i>(outside recommended storage temp.)</i> <input type="checkbox"/> Light Exposure <input type="checkbox"/> No or Incomplete Temperature Monitoring  AHS Zone <input type="checkbox"/> South <input type="checkbox"/> Calgary <input type="checkbox"/> Central <input type="checkbox"/> Edmonton <input type="checkbox"/> North	
Description of Excursion					
Are products now quarantined, labeled "do not use", and in a functioning, monitored vaccine storage unit <i>(fridge or freezer)</i> at the recommended storage temperature? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no, explain)</i>					
Vaccine returned to recommended storage temperature		date <i>(yyyy-Mon-dd)</i>		time <i>(hh:mm)</i>	
Last temperature recorded before the excursion		°C date <i>(yyyy-Mon-dd)</i>		time <i>(hh:mm)</i>	
Current temperature at time excursion identified		°C date <i>(yyyy-Mon-dd)</i>		time <i>(hh:mm)</i>	
Maximum temperature recorded during interval		°C		Minimum temperature recorded during interval    °C	
Time out of cold chain/exposed to light ____ hours ____ mins		Temperature monitoring log, chart tracing or data logger report attached <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no, explain)</i>			
Vaccine Storage Equipment <input type="checkbox"/> Lab/Medication Fridge <input type="checkbox"/> Domestic Fridge <input type="checkbox"/> Vaccine Bag <input type="checkbox"/> Lab Freezer <input type="checkbox"/> Other <i>(specify)</i>			Thermometer/Monitor Type <i>(not brand name)</i> <input type="checkbox"/> Digital Min/Max <input type="checkbox"/> Chart Recorder <input type="checkbox"/> Data Logger <input type="checkbox"/> Endicate <input type="checkbox"/> No Monitor <input type="checkbox"/> Other <i>(specify)</i>		
Cause of Cold Chain Excursion <i>(check all that apply)</i> <input type="checkbox"/> Human Error <input type="checkbox"/> Temperature Monitoring Device Malfunction <input type="checkbox"/> Power Outage <input type="checkbox"/> Vaccine Storage Unit Malfunction <input type="checkbox"/> Transportation Related			Products involved in previous excursions <input type="checkbox"/> No <input type="checkbox"/> <b>Yes</b> date <i>(yyyy-Mon-dd)</i> _____ location _____ date <i>(yyyy-Mon-dd)</i> _____ location _____  If some products have been involved in a previous excursion(s), report those doses using a separate Part B of the <i>Cold Chain Excursion Report</i> .		
Transportation between <input type="checkbox"/> Provincial Vaccine Depot – Alberta Health Services Zone Depot <input type="checkbox"/> Alberta Health Services Zone Depot – Public Health <input type="checkbox"/> Alberta Health Services Zone Depot – Community Providers <input type="checkbox"/> Alberta Health Services Public Health – Public Health					
Have any affected products been administered to clients? <input type="checkbox"/> No <input type="checkbox"/> <b>Yes – clearly indicate these products in the Additional Comments section on last page on Part B</b>					

## Cold Chain Excursion Report

<b>Part B</b>							
Date Excursion Occurred (yyyy-Mon-dd)			Location of Excursion				
<b>Alberta Health Provincially Funded Vaccine ONLY</b> <i>(Single Dose and Multi Dose Preparations Listed by Manufacturer)</i>							
<b>Bavarian Nordic A/S – Alberta Health Provincially Funded</b>							
Single Dose Preparations	Expiry Date	Doses	Lot # <i>If more than 2 lot numbers use separate page(s)</i>	Doses	Lot # <i>If more than 2 lot numbers use separate page(s)</i>	CDC Use Only	
						Viable	Not Viable
Smallpox & Mpox – <b>IMVAMUNE</b>						<input type="checkbox"/>	<input type="checkbox"/>
Rabies – <b>RABAVERT</b>						<input type="checkbox"/>	<input type="checkbox"/>
<b>GlaxoSmithKline – Alberta Health Provincially Funded</b>							
Single Dose Preparations	Expiry Date	Doses	Lot # <i>If more than 2 lot numbers use separate page(s)</i>	Doses	Lot # <i>If more than 2 lot numbers use separate page(s)</i>	CDC Use Only	
						Viable	Not Viable
Tdap – <b>BOOSTRIX</b>						<input type="checkbox"/>	<input type="checkbox"/>
Tdap-IPV – <b>BOOSTRIX-POLIO</b>						<input type="checkbox"/>	<input type="checkbox"/>
DTaP-IPV-Hib – <b>INFANRIX-IPV/HIB</b>						<input type="checkbox"/>	<input type="checkbox"/>
DTaP-IPV-Hib-HB – <b>INFANRIX HEXA</b>						<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A Adult – <b>HAVRIX 1440</b>						<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A Pediatric – <b>HAVRIX 720</b>						<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A & B Adult – <b>TWINRIX</b>						<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A & B Pediatric – <b>TWINRIX JR</b>						<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B Adult – <b>ENGERIX-B</b>						<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B Pediatric – <b>ENGERIX-B</b>						<input type="checkbox"/>	<input type="checkbox"/>
Herpes Zoster – <b>SHINGRIX</b>						<input type="checkbox"/>	<input type="checkbox"/>
Hib – <b>HIBERIX</b>						<input type="checkbox"/>	<input type="checkbox"/>
MMR – <b>PRIORIX</b>						<input type="checkbox"/>	<input type="checkbox"/>
MMR-Var – <b>PRIORIX-TETRA</b>						<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal B – <b>BEXSERO</b>						<input type="checkbox"/>	<input type="checkbox"/>
MenconC – <b>MENJUGATE</b>						<input type="checkbox"/>	<input type="checkbox"/>
MenC-ACYW – <b>MENVEO</b>						<input type="checkbox"/>	<input type="checkbox"/>
Rotavirus – <b>ROTARIX</b>						<input type="checkbox"/>	<input type="checkbox"/>
Typhoid – <b>TYPHERIX</b>						<input type="checkbox"/>	<input type="checkbox"/>
Varicella – <b>VARILRIX</b>						<input type="checkbox"/>	<input type="checkbox"/>
GSK Diluent						<input type="checkbox"/>	<input type="checkbox"/>
Other:						<input type="checkbox"/>	<input type="checkbox"/>
Multi-Dose Preparations	Expiry Date	Number of Vials	Doses Remaining	Lot Number	Viable	Not Viable	
Influenza: QIV – <b>FLULAVAL TETRA</b>		Open			<input type="checkbox"/>	<input type="checkbox"/>	
		Sealed			<input type="checkbox"/>	<input type="checkbox"/>	
Other:		Open			<input type="checkbox"/>	<input type="checkbox"/>	
		Sealed			<input type="checkbox"/>	<input type="checkbox"/>	

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<b>Part B</b>							
Date Excursion Occurred (yyyy-Mon-dd)	Location of Excursion						
<b>Grifols – Alberta Health Provincially Funded</b>							
<b>Single Dose Preparations</b>	<b>Expiry Date</b>	<b>Doses</b>	<b>Lot #</b> <small>If more than 2 lot numbers use separate page(s)</small>	<b>Doses</b>	<b>Lot #</b> <small>If more than 2 lot numbers use separate page(s)</small>	<b>CDC Use Only</b>	
						<b>Viable</b>	<b>Not Viable</b>
HBIG – HyperHEP B						<input type="checkbox"/>	<input type="checkbox"/>
IG – GAMASTAN						<input type="checkbox"/>	<input type="checkbox"/>
RIG – HyperRAB						<input type="checkbox"/>	<input type="checkbox"/>
TIG – HYPERDET						<input type="checkbox"/>	<input type="checkbox"/>
TIG – HYPERDET						<input type="checkbox"/>	<input type="checkbox"/>
Other:						<input type="checkbox"/>	<input type="checkbox"/>
<b>Merck – Alberta Health Provincially Funded</b>							
<b>Single Dose Preparations</b>	<b>Expiry Date</b>	<b>Doses</b>	<b>Lot #</b> <small>If more than 2 lot numbers use separate page(s)</small>	<b>Doses</b>	<b>Lot #</b> <small>If more than 2 lot numbers use separate page(s)</small>	<b>CDC Use Only</b>	
						<b>Viable</b>	<b>Not Viable</b>
Hepatitis A Adult – VAQTA						<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A Pediatric – VAQTA						<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B Adult – RECOMBIVAX						<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B Dialysis – RECOMBIVAX DIALYSIS						<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B Pediatric – RECOMBIVAX						<input type="checkbox"/>	<input type="checkbox"/>
HPV-9 – GARDASIL 9						<input type="checkbox"/>	<input type="checkbox"/>
MMR – MMR II						<input type="checkbox"/>	<input type="checkbox"/>
MMR-Var – PROQUAD						<input type="checkbox"/>	<input type="checkbox"/>
PNEU-C15 – VAXNEUVANCE						<input type="checkbox"/>	<input type="checkbox"/>
Rotavirus – ROTATEQ						<input type="checkbox"/>	<input type="checkbox"/>
Varicella – VARIVAX III						<input type="checkbox"/>	<input type="checkbox"/>
Merck Diluent						<input type="checkbox"/>	<input type="checkbox"/>
Other:						<input type="checkbox"/>	<input type="checkbox"/>
<b>Moderna – Alberta Health Provincially Funded</b>							
<b>Multi-Dose Preparations</b>	<b>Expiry Date</b>		<b>Number of Vials</b>	<b>Doses Remaining</b>	<b>Lot Number</b>	<b>CDC Use Only</b>	
						<b>Viable</b>	<b>Not Viable</b>
COVID-19 – SPIKEVAX		Open				<input type="checkbox"/>	<input type="checkbox"/>
		Sealed				<input type="checkbox"/>	<input type="checkbox"/>
Other:		Open				<input type="checkbox"/>	<input type="checkbox"/>
		Sealed				<input type="checkbox"/>	<input type="checkbox"/>

## Cold Chain Excursion Report

<b>Part B</b>	
Date Excursion Occurred (yyyy-Mon-dd)	Location of Excursion

### Pfizer – Alberta Health Provincially Funded

Single Dose Preparations	Expiry Date	Doses	Lot #	Doses	Lot #	CDC Use Only	
			If more than 2 lot numbers use separate page(s)		If more than 2 lot numbers use separate page(s)	Viable	Not Viable
MenconC – NEISVAC-C						<input type="checkbox"/>	<input type="checkbox"/>
MenC-ACYW – NIMENRIX						<input type="checkbox"/>	<input type="checkbox"/>
RSV – ABRYSSVO						<input type="checkbox"/>	<input type="checkbox"/>
PNEU C-20 – PREVNAR 20						<input type="checkbox"/>	<input type="checkbox"/>
Pfizer Diluent						<input type="checkbox"/>	<input type="checkbox"/>
Other:						<input type="checkbox"/>	<input type="checkbox"/>
Multi-Dose Preparations	Expiry Date		Number of Vials	Doses Remaining	Lot Number	Viable	Not Viable
COVID-19 – COMIRNATY (12 years and older)		Open				<input type="checkbox"/>	<input type="checkbox"/>
		Sealed				<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 – COMIRNATY (5 to 11 years)		Open				<input type="checkbox"/>	<input type="checkbox"/>
		Sealed				<input type="checkbox"/>	<input type="checkbox"/>
Other:		Open				<input type="checkbox"/>	<input type="checkbox"/>
		Sealed				<input type="checkbox"/>	<input type="checkbox"/>

### Sanofi Pasteur – Alberta Health Provincially Funded

Single Dose Preparations	Expiry Date	Doses	Lot #	Doses	Lot #	CDC Use Only	
			If more than 2 lot numbers use separate page(s)		If more than 2 lot numbers use separate page(s)	Viable	Not Viable
Tdap – ADACEL						<input type="checkbox"/>	<input type="checkbox"/>
Tdap-IPV – ADACEL-POLIO						<input type="checkbox"/>	<input type="checkbox"/>
DTaP-IPV-Hib – PEDIACEL						<input type="checkbox"/>	<input type="checkbox"/>
DTaP-IPV-Hib – PENTACEL						<input type="checkbox"/>	<input type="checkbox"/>
Hib – ACT-HIB						<input type="checkbox"/>	<input type="checkbox"/>
Influenza: QIV – FLUZONE QUADRIVALENT						<input type="checkbox"/>	<input type="checkbox"/>
Influenza: QIV – FLUZONE HIGH DOSE						<input type="checkbox"/>	<input type="checkbox"/>
MenC-ACYW – MENACTRA						<input type="checkbox"/>	<input type="checkbox"/>
Polio – IMOVAX POLIO						<input type="checkbox"/>	<input type="checkbox"/>

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Part B							
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Single Dose Preparations	Expiry Date	Doses	Lot # <small>If more than 2 lot numbers use separate page(s)</small>	Doses	Lot # <small>If more than 2 lot numbers use separate page(s)</small>	CDC Use Only	
Rabies – IMOVAX RABIES						Viable	Not Viable
RIG – IMO GAM RABIES						<input type="checkbox"/>	<input type="checkbox"/>
Typhoid – TYPHIM VI						<input type="checkbox"/>	<input type="checkbox"/>
Sanofi Pasteur Diluent						<input type="checkbox"/>	<input type="checkbox"/>
Other:						<input type="checkbox"/>	<input type="checkbox"/>
Multi-Dose Preparations	Expiry Date		Number of Vials	Doses Remaining	Lot Number	CDC Use Only	
Influenza: QIV – FLUZONE QUADRIVALENT		Open				Viable	Not Viable
		Sealed				<input type="checkbox"/>	<input type="checkbox"/>
Tuberculin – TUBERSOL		Open				<input type="checkbox"/>	<input type="checkbox"/>
		Sealed				<input type="checkbox"/>	<input type="checkbox"/>
Other:		Open				<input type="checkbox"/>	<input type="checkbox"/>
		Sealed				<input type="checkbox"/>	<input type="checkbox"/>
Seqirus – Alberta Health Provincially Funded							
Single Dose Preparations	Expiry Date	Doses	Lot # <small>If more than 2 lot numbers use separate page(s)</small>	Doses	Lot # <small>If more than 2 lot numbers use separate page(s)</small>	CDC Use Only	
Influenza: QIV – FLUCELVAX TETRA						Viable	Not Viable
						<input type="checkbox"/>	<input type="checkbox"/>
Saol Therapeutics – Alberta Health Provincially Funded							
Single Dose Preparations	Expiry Date	Doses	Lot # <small>If more than 2 lot numbers use separate page(s)</small>	Doses	Lot # <small>If more than 2 lot numbers use separate page(s)</small>	CDC Use Only	
HBIG – HepaGam B						Viable	Not Viable
Other:						<input type="checkbox"/>	<input type="checkbox"/>
Valneva Canada – Alberta Health Provincially Funded							
Single Dose Preparations	Expiry Date	Doses	Lot # <small>If more than 2 lot numbers use separate page(s)</small>	Doses	Lot # <small>If more than 2 lot numbers use separate page(s)</small>	CDC Use Only	
RIG - KamRAB						Viable	Not Viable
						<input type="checkbox"/>	<input type="checkbox"/>

## Cold Chain Excursion Report

<b>Part B</b>
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Date Excursion Occurred (yyyy-Mon-dd)	Location of Excursion
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<b>Other</b>
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Product Name	Manufacturer/ Expiry Date	Doses	Lot # <small>If more than 2 lot numbers use separate page(s)</small>	Doses	Lot # <small>If more than 2 lot numbers use separate page(s)</small>	CDC Use Only	
						Viable	Not Viable
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: