

# Vaccine Tag Alert or Cold Chain Breach Report - CDC

**Before filling in this form please call Immunisation Program on 89228315**

Date Reported		CDC Nurse	
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## 1. Provider Details – Please indicate below if Tag alert or Cold Chain Breach

Clinic Name		Email	
Reporter Name		Phone	
Pharmacy Email (if applicable)			

## 2. Details of Tag Alert (for vaccines in transit)

Tag alert started	Date		Tag alert stopped	Date					
	Time			Time					
Tag Alert triggered first (as per CDC instructions)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	Tag Alert Sequence				
Temp C°		Day into trip triggered		3hr time interval		Duration of breach			
Transport to clinic:	Road <input type="checkbox"/>	Air <input type="checkbox"/>	Esky <input type="checkbox"/>	CoolPac® <input type="checkbox"/>	Vaccines Isolated:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

## 3. Details of Cold Chain Breach (vaccine fridge)

Date of CCB		Time of CCB	
Fridge malfunction <input type="checkbox"/>	Human Error <input type="checkbox"/>	Other <input type="checkbox"/>	Power Outage: Planned <input type="checkbox"/> Unplanned <input type="checkbox"/>
Data Logger Temp	Min	Max	Duration outside 2-8 C°
First CCB for vaccines?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anyone vaccinated with breached vaccines?	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Vaccines Isolated? Yes <input type="checkbox"/> No <input type="checkbox"/>

### Additional information from Clinic about Tag Alert or Cold Chain Breach

4. CDC USE ONLY Advice to Clinic			
Vaccines to be discarded <b>Please discard <u>selected</u> vaccines in yellow sharps bin and complete <a href="#">Online Wastage Form</a></b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments	
Vaccines suitable for <u>priority use</u> until expiry date <b>Please mark vaccines with an X and date of breach. Move them to the front of the fridge to be used first as priority and before ordering new vaccines</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments	
Fridge service required ( <b>due for annual service?</b> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Change batteries in min/max thermometer and data loggers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Check appropriate stock level	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Check vaccine expiry dates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b><u>Additional advice to Clinic</u></b>			
5. CDC USE ONLY Check list			
CCB report in F drive & Excel	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<a href="#">Online Wastage Form</a>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Stop put on Vaccine order	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Report emailed to: Clinic & / or Pharmacy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

[ImmunisationProgram.TEHS@nt.gov.au](mailto:ImmunisationProgram.TEHS@nt.gov.au)

For further information about Cold Chain Management see [Immunisation program | NT Health](#)