

Cold Chain Incident Description Form

Name of Facility: _____

Reported By: _____ **Phone #:** _____ **Fax #:** _____

Date and Time of Incident:

DATE: _____ **TIME:** _____

Temperatures at Time of Incident:

- Minimum: _____ °C
- Maximum: _____ °C
- Current: _____ °C

Date and Time of Last Recorded Temperature Between +2°C and +8°C (Prior to Incident):

DATE: _____ **TIME:** _____

Cause of Incident (If unknown, please describe under "Other"):

Power Failure

- How long was the power disrupted? _____
- What was the cause of disruption? _____
- What time of day was the disruption? _____

Refrigerator Malfunction (e.g. sensor, compressor): _____

Equipment Malfunction (e.g. thermometer): _____

Human Error (e.g. refrigerator door left ajar, refrigerator unplugged)

Other: _____

Additional Information:

