

**WA POPULATION HEALTH UNIT COLD CHAIN/
WASTAGE INCIDENT REPORT FORM**



Please contact the **Regional Immunisation Coordinator (RIC)** for each break in cold chain to discuss the process. Phone: **9622 4323** Fax: _____

Please fax this form to the **Regional Immunisation Coordinator (Wheatbelt) 9622 5752.**

Please report the number of vaccines wasted/destroyed. This form is also to be used for vaccine wastage due to expiry.

Location: _____ **Phone:** _____

Incident: _____

Wastage: *(please report the number of vaccines wasted/destroyed)*

Infanrix Hexa	Infanrix Penta	7v PPV Prevenar	Hib Pedvax	MMR Priorix	Men CCV Neisvac-C	Hep A Vaqta	VZV Varilrix	Infanrix IPV

Rotavirus Rotarix	Hep B H-B-Vax II Adult	dTpa Boostrix	HPV Gardasil	Influenza Fluvax/ Vaxigrip	23vPPV Pneumovax 23	Other

Action taken: _____

Date of incident: _____ **Date of Report:** _____

Name of notifier: _____ **Phone:** _____

Person notified: _____