## Appendix 7: Vaccine Refrigerator Incident Form Refrigerator Incident Form

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| **Refrigerator Incident Form**  |
| Date:   |
| Name:  |
| Position:   |
| Address:   |
| Contact No:   |
| Email Address:  |
| **Issue with refrigerator:**   |
| Thermometer readings: Actual: Minimum: Maximum:   |
| Refrigerator location:   |
| Type of Refrigerator:  |
| Approximate age of refrigerator:  |
| Approximate age of thermometer:  |

**Please ensure all affected stock is quarantined prior to completing the refrigerator contents sheet (below) and attach copies of refrigerator logbook pages for the current month and the previous two months relating to incident.**

Please return all completed documents to Vaccine Services, Pharmacy Department, Aberdeen Royal Infirmary.

Email: gram.vaccineservicesandplasmaproducts@nhs.scot

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| REFRIGERATOR CONTENTS FOLLOWING TEMPERATURE EXCURSION     |
| WARD/CLINIC:   |    |    |    |    |    |
|    |    |    |    |    |    |    |
|    |    |    |    |    |    |    |
| **MEDICATION**   | **STRENGTH**   | **FORM (tabs, caps, inj, inhaler etc)**   | **MANUFACTURER**   | **BATCH NUMBER**   | **EXPIRY DATE**   | **QUANTITY**   |
|     |     |     |     |     |     |     |
|     |     |     |     |     |     |     |
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