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COVID-19 Vaccine Roll-out

Australian Government COVID-19 Vaccine Wastage Report

In the event of a potential wastage incident, or actual wastage incident (e.g. damaged vials, breach of cold chain requirements), that **exceeds the threshold (5 or more vials at a time)**, the vaccination site (**Site**) must **notify Health immediately** by calling Vaccine Operations Centre on 1800 318 208 (including, for the Pfizer vaccine, indicating whether the vaccine was received directly from Pfizer or a DHL storage facility, and otherwise who delivered the vaccine to the Site), and then completing this “*Vaccine Wastage Report*” and emailing it to COVID19VaccineWastage@health.gov.au with any details of the call with Health.

The cold-chain requirements mean that:

- the AZ vaccine must be maintained between 2°C to 8°C
- the Pfizer vaccine must be maintained at:
 - -60°C to -90°C (if the Pfizer vaccine is frozen)
 - 2°C to 8°C (if the Pfizer vaccine has been thawed)

If the Site holds more than one type of COVID-19 vaccine, a separate form must be completed for each vaccine.

| Details | |
|---|---------------------------------------|
| Vaccine | [Insert Pfizer vaccine or AZ vaccine] |
| Site ID (if applicable): | |
| Name of Site: | |
| Address of Site: | |
| Date of incident: | |
| Location of incident: | |
| Is the wastage or potential wastage above the threshold (5 or more vials): <i>If the wastage is below the threshold, the incident does not need to be reported immediately, but must be included within the ‘Summary of Wastage’ section in the Vaccine Stock Management Form that is emailed to Health at the end of each day.</i> | |
| Name of authorised contact person at Site: | |

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| | |
|--|----------------------|
| Contact details of authorised contract person at Site (email address and phone number): | Email: Phone: |
|--|----------------------|

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| Wastage type | <input checked="" type="checkbox"/> | Provide detailed description of Wastage Incident (including photos where possible) | Volume of Wastage Vials/doses |
|---|-------------------------------------|---|----------------------------------|
| Upon receipt | | | |
| <i>Physical damage during transit</i> | <input type="checkbox"/> | | |
| <i>Cold-chain breach during transit</i> | <input type="checkbox"/> | | |
| <i>Freight accident resulting in wastage (air and road).</i> | <input type="checkbox"/> | | |
| Storage | | | |
| <i>Incorrect handling of vaccine (physical damage during handling, storage etc)</i> | <input type="checkbox"/> | | |
| <i>Expiration of vaccine</i> | <input type="checkbox"/> | | |
| <i>Cold-chain breach during handling or storage</i> | <input type="checkbox"/> | | |
| For Pfizer vaccine only, during dilution | | | |
| <i>Breakage of vial during dilution</i> | <input type="checkbox"/> | | |
| <i>Incorrect vaccine dilution resulting in vial wastage</i> | <input type="checkbox"/> | | |
| Upon administration | | | |
| <i>Wastage of vaccine doses at point of administration</i> | <input type="checkbox"/> | | |
| <i>Incorrect handling of vaccine (e.g. shaking etc.)</i> | <input type="checkbox"/> | | |
| <i>Prepared vaccine not used in time</i> | <input type="checkbox"/> | | |
| Other reason/s: <i>Please specify</i> | <input type="checkbox"/> | | |

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Signature

| | | |
|----------------------------|------------------------|-------------------------|
| Completed by: _____ | Position: _____ | Signature: _____ |
| | | Date: _____ |
| Checked by: _____ | Position: _____ | Signature: _____ |
| | | Date: _____ |

Note: giving false or misleading information to the Commonwealth is a criminal offence.