



NON-USEABLE VACCINE RETURN FORM

To: Haldimand-Norfolk Health Unit-Vaccine Preventable Disease Team

Physician's Name: _____

Contact Number: _____

Date of Return: _____

Vaccine	Lot Number	# of Doses	Reason for Return (see codes below)

RETURN CODES:

CCE - Cold Chain Incident-Emergency/Natural Disaster	EX - Expired Product
CCH - Cold Chain Incident-Human Error	DI - Discontinued Product
CCM - Cold Chain Incident-Malfunction:Fridge/Freezer/Equip.	DP - Damaged Product
CCP - Cold Chain Incident-Power Outage	FC - Facility Closure
CCT - Cold Chain Incident-Temperature Breached in Transit	RP - Recalled Product
DE - Defective Product	SV - Suspected Vaccine Contamination

Please ensure all boxes are filled out for each vaccine recorded for returns. All returns must be packaged together with this form securely attached. If you have any questions, please feel free to contact the Health Unit at 519-426-6170.