

**Complete for all Saskatchewan Health publicly funded products. Do not assume that products must be wasted.**

Section 1

Date of Break: (yyyy-mm-dd) \_\_\_\_\_ Date of Report: (yyyy-mm-dd) \_\_\_\_\_ Reporter Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Reporter Email Address: \_\_\_\_\_

Location of Break (AHA, SHA, FNJ / City / Town) \_\_\_\_\_ Facility Name: \_\_\_\_\_

Facility type:  
 Public Health  Pharmacy  Physician office  Long-Term Care  Acute Care  Employee Health  Other \_\_\_\_\_

**Are products: Quarantined, Labeled: DO NOT USE, and stored on cold chain?**  Yes  No (attach explanation)

Section 2

**Check box for type of break and fill out corresponding category:**

**Vaccine left out of fridge/freezer:**  
 in cooler with cold packs  in cooler with no cold packs  in package on counter  not in package on counter  
 Vaccine returned to storage within required temperature range on (date) \_\_\_\_\_ at (time) \_\_\_\_\_  
 Length of time outside required temperature range \_\_\_\_\_  
 Room temperature at time of break \_\_\_\_\_ °C on (date) \_\_\_\_\_ at (time) \_\_\_\_\_

**Fridge/freezer temperature excursion**  
 Fridge/freezer temperature when break identified: \_\_\_\_\_ °C on (date) \_\_\_\_\_ at (time) \_\_\_\_\_  
 Max. temp recorded during break interval \_\_\_\_\_ °C Min. temp recorded during break interval \_\_\_\_\_ °C  
 Vaccine returned to storage within required temperature range on (date) \_\_\_\_\_ at (time) \_\_\_\_\_  
 Length of time outside recommended temperature range \_\_\_\_\_  
 Last fridge temperature record before the break \_\_\_\_\_ °C on (date) \_\_\_\_\_ at (time) \_\_\_\_\_  
 Room temperature before the break \_\_\_\_\_ °C on (date) \_\_\_\_\_ at (time) \_\_\_\_\_  
 Is temperature log being submitted?  Yes  No If No, indicate why: \_\_\_\_\_

Refrigerator/freezer type: <input type="checkbox"/> Lab or Biological Fridge(any size) <input type="checkbox"/> Domestic Fridge <input type="checkbox"/> Bar Fridge <input type="checkbox"/> ULT Freezer <input type="checkbox"/> Freezer <input type="checkbox"/> Thermal Shipper <input type="checkbox"/> Other _____ Date last serviced: _____	Thermometer/Monitor Type (Not Brand Name): <input type="checkbox"/> Digital Min/Max <input type="checkbox"/> Chart / Wheel Recorder <input type="checkbox"/> Warm/Cold Mark <input type="checkbox"/> No Monitor <input type="checkbox"/> Other _____
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Section 3

**Break during transportation**  
 Vehicle type (e.g. car/courier) \_\_\_\_\_ Time delivery received: \_\_\_\_\_  
 Was there a data logger included in the cooler/container?  Yes  No If yes, is it being sent back to RRPL or in case of COVID-19 vaccine, to the manufacturer?  Yes  No  
 Was there a warm/cold marker in cooler?  Yes  No If yes, was it activated?  Yes  No Reading: \_\_\_\_\_

**Other situation:** provide description \_\_\_\_\_

<b>Description of break:</b> <b>Cause of cold chain break:</b> <input type="checkbox"/> Human error <input type="checkbox"/> Power outage <input type="checkbox"/> Other _____ <input type="checkbox"/> Thermometer malfunction <input type="checkbox"/> Refrigerator malfunction <input type="checkbox"/> Transportation <input type="checkbox"/> Backup generator failed <input type="checkbox"/> Insufficient dry ice <b>Have any affected products been administered to clients?</b> Yes No <ul style="list-style-type: none"> <li>If yes, indicate the date the Medical Health Officer was notified: _____</li> <li>If yes, identify these products using a separate page if necessary.</li> </ul>	<b>Corrective action details and additional comments:</b>
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Once completed, fax as per above instructions.

Go to <http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf> for further instructions.

Vaccine Brand or Abbreviation	Manufacturer	Count (#of Doses)	Lot Number	Expiry date	Open multi-dose vial?	Previous cold chain break?	SK Health USE ONLY	
							Viabile	Discard
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Ministry of Health reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Total cost of wastage: \$ \_\_\_\_\_ (Ministry use only)