

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 _____

Description of break: Cause of cold chain break: <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 Have any affected products been administered to clients? Yes No <ul style="list-style-type: none"> If yes, indicate the date the Medical Health Officer was notified: _____ If yes, identify these products using a separate page if necessary. 	Corrective action details and additional comments:
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