PUBLICLY FUNDED VACCINE PROBLEM REPORT
Fax or mail this completed report to the Saskatchewan Ministry of Health
MAIL: PHN Consultant - Immunization
Saskatchewan Ministry of Health
1st Floor, 3475 Albert Street, Regina SK S4S 6X6
FAX: 306-787-3237

Instructions

• Complete all applicable sections on page 1 and 2
• Please attach or fax a Vaccine Wastage Report for this product
  EXCEPTION: A Wastage Report is not required when reporting less than full number of
doses in a COVID-19 vaccine vial.
• A Vaccine Problem Report is to be completed when there is defective or damaged
  product. Please include a picture whenever possible.
• Not all Vaccine Wastage Reports will require a Vaccine Problem Report.

Check Yes or No as applicable:

Wastage Report Attached   Yes ☐   N ☐   OR

(Non-COVID-19 Vaccines ONLY): Wastage Report Faxed to RRPL   Y ☐   N ☐

1. Reporter name (print): _______________________________________________________
2. Jurisdiction/Region:  ________________________________________________________
3. Is product (without needle attached) being returned with this report?   Yes ☐   No ☐
4. Date the incident occurred:  ________________________________
5. Vaccine brand name:  _______________________________________________________
6. Manufacturer name:  ________________________________________________________
7. Lot number(s):  _____________________________________________________________
8. Number of doses affected: ___________________________________________________
9. Problem/Issue Type:

<table>
<thead>
<tr>
<th>Problem/Issue Type</th>
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<tbody>
<tr>
<td>Dull or missing needle</td>
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<tr>
<td>Needle separated from syringe during administration</td>
</tr>
<tr>
<td>Contents cloudy</td>
</tr>
<tr>
<td>Contents contains particles</td>
</tr>
<tr>
<td>Illegible label or lot number</td>
</tr>
<tr>
<td>Label missing</td>
</tr>
<tr>
<td>Other –</td>
</tr>
</tbody>
</table>

Details of the problem-issue, including any visible colour or consistency observations in the volume. For needle/syringe issues (ex. leakage), indicate the brand and size of each.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Saskatchewan

Revised Dec 20, 2021
Date received at MOH_____________________
MoH Reference # ______________________
10. **COVID-19 Vaccines - Drawing less than the full number of doses**

**NOTE: One less dose does not need to be reported for Pfizer 12+ vaccine or Moderna vaccine.**

a. How many vials were affected? _______________

b. How many doses were obtained from the vial(s)? _______________

c. Syringe Type:
   - Administration: ☐ Low dead space (LDS) 1mL ☐ Non-LDS 1mL ☐ 3mL
     Brand: __________________________
   - Reconstitution (if applicable): ☐ LDS 1mL ☐ Non-LDS 1mL ☐ 3mL
     Brand: __________________________

d. Needle Type:
   - Administration: ☐ 25G 1” ☐ 25G 1.5” ☐ Other: ______________
     Brand: __________________________
   - Reconstitution (if applicable): ☐ 21G 1” ☐ 21G 1.5” ☐ Other: ______________
     Brand: __________________________

e. Was the vial inspected prior to reconstitution/administration? Yes ☐ No ☐

11. **Name and contact information for further follow up:**

_____________________________________________________________

Please indicate if contact information can be provided to the Manufacturer for their direct follow-up: Yes ☐ No ☐