



For COVID-19 vaccines once completed, fax form to the Ministry of Health at 306-787-3237.  
 For all other publicly funded vaccines fax the form to the regional immunization supervisor.  
 Pharmacists: fax form to the Ministry of Health at 306-787-3237

**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: (optional) \_\_\_\_\_

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 between 2°C and 8°C on date \_\_\_\_\_ at (time) \_\_\_\_\_

Length of time outside recommended temperature range of 2 - 8°C \_\_\_\_\_

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

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 _____	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 _____
Date last serviced: _____	

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>Corrective action details and additional comments:</b>
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**Have any affected products been administered to clients?** Yes No

- If yes, indicate the date the Medical Health Officer was notified: \_\_\_\_\_
- If yes, identify these products using a separate page if necessary.

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)