Appendix 6: Pharmacy Cold Chain Break Report Form

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

Date Break Discovered: *(yyyy-mm-dd)*	**Date of Report:** *(yyyy-mm-dd)*	**Reporter Name:**
Telephone Number:	**Fax Number:**	**Reporter Email Address:** *(optional)*
Location of Break (City / Town):	**Pharmacy Name**:	

Type of break: ☐ Temperature excursion (cooler than 2.0 °C and/or warmer than 8.0 °C) ☐ Light Exposure

1. **Vaccine found (mark if applicable):** ☐ in cooler with cold packs ☐ in cooler with no cold packs ☐ in box on counter ☐ not in box on counter
2. **Are products now quarantined, labeled do not use, and stored on cold chain?** ☐ Yes ☐ No *(attach explanation)*
   - Vaccine returned to storage between 2°C and 8°C on date _____ and time _____.
3. **Fridge temperature when break identified**: _____°C on date _____ and time _____.
   - **Max. temp** recorded during break interval: _____°C
   - **Min. temp** recorded during break interval: _____°C
   - **Time** out of cold chain (if different from above) _____ *(Provide description or attachments, e.g. chart tracing)*
4. **Last fridge temperature record before the break:** _____°C on date _____ and time _____.
5. **Room temperature before the break:** _____°C on date _____ and time _____.
6. **Is temperature log being submitted?** ☐ Yes ☐ No **If No, indicate why:** _____

Description of break:

Did break occur during transportation? ☐ **No** ☐ **Yes** **If yes,** then complete this section.

Vehicle type (e.g. car/courier) _____ Time delivery received: _____

Specify: ☐ Provincial Depot to Wholesaler ☐ Wholesaler to Pharmacy

Refrigerator type:

☐ Lab or Biological Fridge ☐ Domestic Fridge

☐ Bar Fridge ☐ Other _____

Date last serviced: _____

Thermometer/Monitor Type (Not Brand Name):

☐ Digital Min/Max ☐ Chart / Wheel Recorder

☐ Warm/Cold Mark ☐ No Monitor ☐ Other_____

Cause of cold chain break:

☐ Human error ☐ Thermometer malfunction

☐ Power outage ☐ Refrigerator malfunction

☐ Transportation ☐ Backup generator failed

☐ Other_____

Corrective action details and additional comments:

Have any affected products been administered to clients? ☐ No ☐ Yes

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

The pharmacy will be contacted by the Ministry after the break has been assessed with further instructions on use or disposal of the vaccine.

Adapted with permission from Alberta Health Services (August 2016)

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

Vaccine Brand or Abbreviation	Manufacturer	# of Doses – **do not report as mL**	Lot Number	Expiry date	Open multidose vial?	Previous cold chain break?	SK Health USE ONLY	
							Viable	**Discard**
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		
					Yes No	**Yes No**		

Ministry of Health reviewer: _____ Date: _____ Total cost of wastage: $_____

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