Saskatchewan

Cold Chain Break Report Form

COVID-19 vaccines: fax to the Ministry of Health at 306-787-3237
Publicly funded vaccines: fax to the regional immunization supervisor
Pharmacists: fax to the Ministry of Health at 306-787-3237

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

Ensure report is completed in full. If pertinent information is missing, report will be returned for completion.

Section 1

Date of Break: *(yyyy-mm-dd)* **Date of Report:** *(yyyy-mm-dd)* **Reporter Name:**____________________

Telephone Number:_______________ **Fax Number:**_______________ **Reporter Email Address:**____________________

Organization (SHA Network, FNJ, AHA, Pharmacy) ____

Location (Community) ____________________

Facility Name _____________________

Facility type:
☐Public Health ☐Pharmacy ☐Physician office ☐Primary Health Care ☐Long-Term Care ☐Acute Care ☐Employee Health

Are products Quarantined & Labeled DO NOT USE and stored on cold chain? ☐**Yes** ☐**No** *(attach explanation if no)*

Section 2

Check box for type of break and complete corresponding information:

☐ Vaccine left out of fridge/freezer:

☐in cooler with cold packs ☐in cooler with no cold packs ☐in package on counter ☐out of package on counter

Vaccine returned to storage within required temperature range on: (date)__________________at (time) _______________

Maximum 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) ________

Maximum length of time outside required 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:
☐Lab Fridge ☐Biological Fridge ☐Domestic Fridge ☐Bar Fridge ☐ULT Freezer ☐Freezer ☐Thermal Shipper
☐Other______________

Date last serviced: ____________________

Thermometer/Monitor Type (Not Brand Name):
☐Digital Min/Max ☐Smart Button/Data Logger ☐Warm/Cold Mark ☐Chart/Wheel Recorder ☐Not Monitored
☐Other ______________________________

☐Break during transportation

Transportation category: ☐from RRPL to a facility ☐from a wholesaler to a pharmacy ☐from a facility to a facility

Vehicle type (e.g. car/courier) ________________ Time delivery received: __________ Time when unpacked:_________

Was there a data logger included in the cooler/container? ☐Yes ☐No

If yes, is it being sent back to RRPL (or if 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: ____________

Section 3

Description of break: ____
____

Cause of cold chain break:
☐Human error ☐Power outage ☐Backup generator failed ☐Thermometer malfunction ☐Refrigerator malfunction
☐Other:_________________________

Corrective action details and additional comments:____
____

Were any affected products administered to clients? ☐ No ☐ Yes

If yes, indicate the date the local Medical Health Officer was notified:_______________

If yes, identify these products with an asterisk***** on page 2 or use a separate page if necessary.

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Once completed, fax as per instructions on page 1.
Ensure report is completed in full. If pertinent information is missing, report will be returned.

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

Vaccine Brand or Abbreviation	Manufacturer Name	# of Doses	Lot Number	Expiry date	Open multi-dose 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		
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					☐ Yes ☐ No	☐ Yes ☐ No		

Ministry of Health reviewer:______________________________ Date: ______________________