

## **ADVERSE STORAGE CONDITION WORKSHEET**

Please complete this form each time an adverse storage condition (ASC) occurs. Do not send back any vaccines that are involved until Algoma Public Health (APH) contacts you with recommendations. You could be held responsible for the cost of any publicly-funded vaccines if the adverse storage condition procedure is not followed correctly or was caused by human error.

1)	Date occurrence was first	discovered:	Ti	me:	-		
2)	Agency/Name of Physician	າ:	Pho	ne Number:			
3)	Cause of adverse storage condition:						
4)	Type of fridge involved:	Bar fridge □ Kitch	nen style. □ La	boratory style			
-,	Age of fridge (if known	· ·		, ., .,			
5)	Upon discovery of the adve Current temperature Maximum temperature Minimum temperature.	°C	on please recor	d the following temp	eratures:		
6)	<ul> <li>Steps to follow after recording temperatures:</li> <li>List all vaccines involved(see chart below).</li> <li>Place all involved vaccines in a bag marked "Do Not Use" and place bag in a monitored, working refrigerator or leave in current monitored fridge if current temperatures are between 2 and 8°C. APH will contact you with further direction.</li> <li>In Sault Ste. Marie, please call the VPD Nurse on Phones at 705-759-5409 to advise of the adverse storage condition and fax this completed form and temperature log sheet(s) for the last 4 weeks prior to this incident to: VPD at 705-541-5959.</li> <li>For offices outside of Sault Ste Marie, please contact your local APH office.</li> <li>Arrange to have the fridge repaired or serviced (if necessary).</li> </ul>						
7)	Last known recorded read Date: Time: Current temp: Max. temp: Min. temp:	_ _ _°C °C	perature log bo	ook prior to the ASC:			
8)	List all vaccines involved in	n the adverse storage	ge condition:				
	Name of vaccine	Lot #	Number of	Expiry Date		Previous Exposure	
			Doses		Yes	No	

See Page 2 for further vaccine exposure.

Continued list all vaccines involved in this adverse storage condition:

Pre Exp	Previous Exposure	
Yes	No	
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Person completing this form:	Phone number:
. c.cc ccp.cgc	:

You will be contacted with further direction/recommendations as to the viability of the vaccines involved. Keep vaccines refrigerated. Do not return any vaccines until you have been contacted by APH. If you have any questions, you may contact the VPD Nurse on Phones at 705-759-5409 or your local APH office.