



DISTRICT						
FACILITY NAME						
DATE & TIME OF INCIDENT						
REPORTED BY						
CAUSE OF OCCURANCE :						
<input type="checkbox"/> Equipment Malfunction		<input type="checkbox"/> VVM Indication		<input type="checkbox"/> Breakage		
<input type="checkbox"/> Human Error (Specify):						
FRIDGE DETAILS			BRAND NAME		MODEL	
<input type="checkbox"/> Domestic	<input type="checkbox"/> Vaccine	<input type="checkbox"/> Med. Glass door				
FRIDGE TEMPERATURE (range):		AMBIENT/ROOM TEMPERATURE				
Duration of temperature excursion:						
Item Description	Batch Number	Expiry Date	Quantity	VVM Status	Unit Price	Total Cost
DETAILS OF INCIDENT						
<i>All reports must be accompanied by copies of the temperature monitoring charts and/or temperature logger downloads</i>						

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ACTION TAKEN FOLLOWING RECOGNITION OF INCIDENT

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STEPS TO BE TAKEN TO PREVENT A REPEAT OF THE INCIDENT
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Supervisor/ Facility Manager: <i>(Name & Signature)</i>	Date:
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***This report must be completed for submission to the District Pharmacy Manager.
For C-19 vaccines, a copy must be forwarded to the Covid 19- Project Office Team, for
attention Helen Hayes
Helen.Hayes@westerncape.gov.za***