Report of Refrigerated Medication Loss UConn Health

Please complete form & return to John Dempsey Hospital (JDH) Pharmacy fax (860) 679-1231

Date/time refrigerator was out of temperature range:		
Describe the event below:		
How long was the refrigerator out of range (hours/minutes)? What temperatures did the medications reach?		
How was it identified? Who was contacted and when? What was the outcome?		
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Specify medications affected and disposition below (Use additional sheets if needed):Medication Name & StrengthQuantity(Yes/No) Medication usable after		
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What was identified as the reason the refrigerator temperature was out of range?		
Refrigerator was unplugged		
Refrigerator door was open/not completely closed		
Power failure and refrigerator not plugged into "red plug" / generator-supplied source Defrigerator melfunction		
Refrigerator malfunction		
Other (Specify):		
Has this happened before at your location? Yes, on		
Unknown / Not sure		
Please describe any factors that may have contributed to this event or other relevant h	iistory.	
Who should be contacted for further follow-up if needed? (Name, Email, Phone)		
Pharmacy Use Only Below:		