

Excursion Date

Campus Location

**Section 1: Excursion Background and Test Results**

**Sample Collected By**  Third Party  AH EM Team  Campus Representative

**Excursion Type**

Test Type (Check all applicable)  Air (TSA)  Air (SDA/MEA)  Surface (TSA)  Surface (SDA/MEA)

**Results Reported by**  Third Party  Anywhere Micro Lab  AH CFP

**Sample Code(s)** **Sample Location(s)** **Colony Count(s)** **Organism ID(s)**

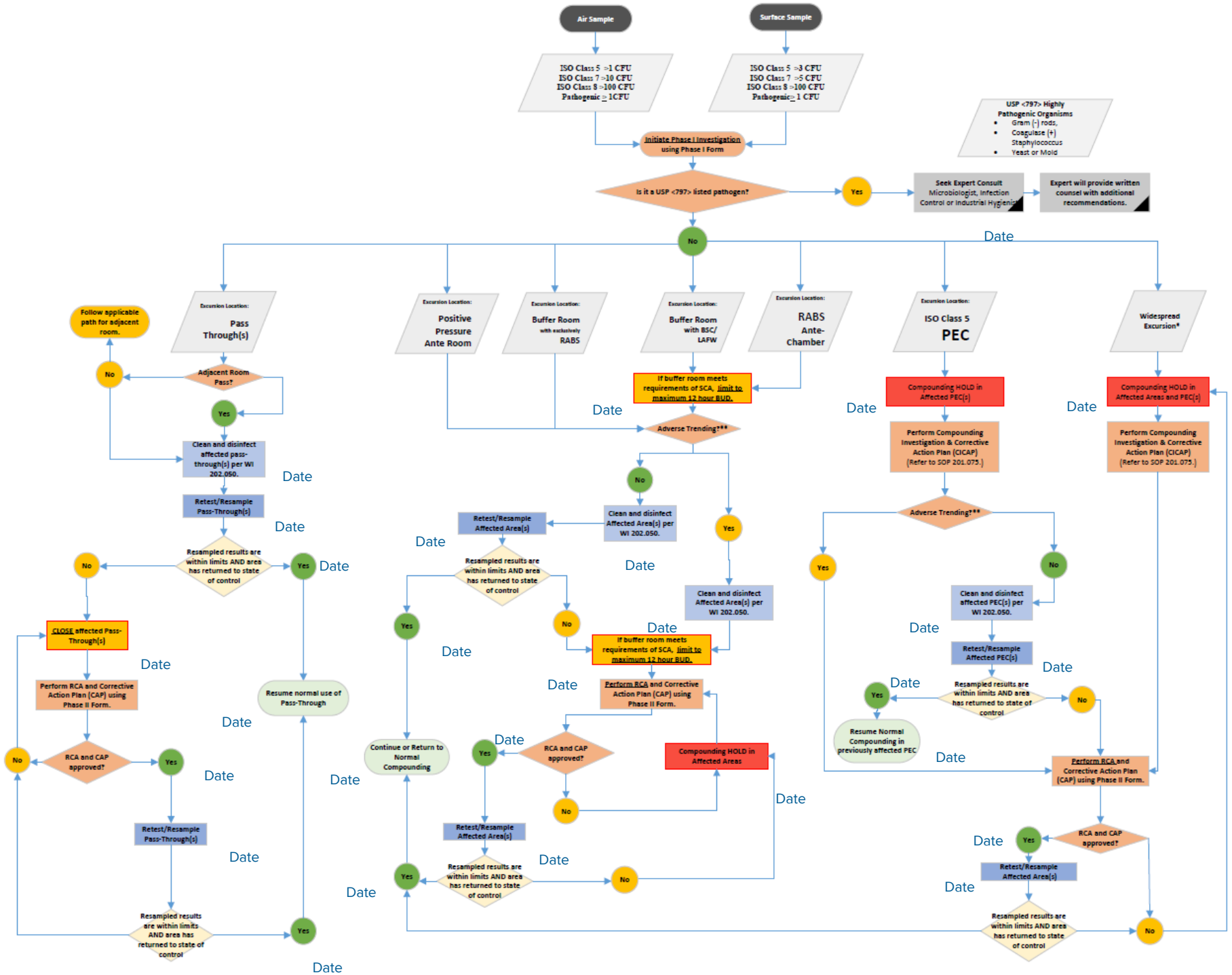
- 1
- 2
- 3

**Highly Pathogenic According to USP <797>?**  Yes  No

**Cleanroom/PECs currently certified?**  Yes  No

**Section 2A: Immediate Corrective Actions (Notate below and/or use the algorithm worksheet on next page.)**

N/A (see next page)



**Section 2B: Risk Assessment & Patient Safety Assessment**

1. Review RiskMaster for patient events that could be linked to this excursion. Did any events appear to potentially be linked? Yes No  
Explain: \_\_\_\_\_
2. Is there a patient safety concern related to the excursion? Yes No  
Explain: \_\_\_\_\_
3. Is a recall of product warranted as a result of this excursion? Yes No N/A
4. Was a recall initiated as a result of this excursion? Yes No N/A

**Section 3: Additional Notes** N/A

If Root Cause Analysis is required by SOP Maintenance and Monitoring of Sterile Compounding Areas/Guidance for Action Response of Viable Excursion or DP deems warranted, proceed to Phase II Investigation. Otherwise, sign and route for approvals as applicable. Retain this documentation with associated results.

**Investigation/Risk Assessment Prepared By**

\_\_\_\_\_  
Designated Person (or delegate)

**Additional Investigator(s)**     N/A

\_\_\_\_\_  
Investigator's Name(s)  
Delegated Investigator

**Regional Director/Campus Pharmacy Director Approval (if applicable)**     N/A

\_\_\_\_\_  
Director of Pharmacy

Developed and/or shared by the American Society of Health-System Pharmacists  
More information is available at [www.cspinsourcing.org](http://www.cspinsourcing.org)

