







## **Public Health Unit Infection Prevention** and Control Lapse Report

## **Initial Report**

Premise/facility under investigation (name and address)	
Type of premise/facility	
Date Board of Health became aware of IPAC Lapse	
Date of Initial Report posting	
Date of Initial Report update(s) (if applicable)	
How the IPAC lapse was identified	
Summary Description of the IPAC Lapse	
IPAC Lapse Investigation	
Did the IPAC Lapse involve a member of a regulatory college?	
If yes, was the issue referred to the regulatory college?	
Were any corrective measures recommended and/or implemented?	
Please provide further details/steps	
Date any order(s) or directive(s) were issued to the owners/operators (if applicable) (yyyy/mm/dd)	
Initial Report Commer	nts and Contact Information
Any additional comments (Do not include any personal information or	
personal health information)	
If you have any further quest	tions please contact:
Name	
Title	
Email address	
Phone number and extension	

Final Report

Phone number and extension

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Date of Final Report posting	
Date of any order(s) or directive(s) were issued to the owner/operator (if applicable)	
Brief description of corrective measures taken	
Date all corrective measures were confirmed to have been completed	
Final Report Comments and Contact Information	
Any additional comments (Do not include any personal information or personal health information)	
If you have any further questions please contact:	
Name	
Title	
Email address	



