

Temperature Log for Refrigerator – Fahrenheit

DAYS 1-15

Monitor temperatures closely!

- 1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
- 2. Document min/max once each workday, preferably in the morning and document current temps twice, at beginning and end of each workday.
- 3. Put an "X" in the row that corresponds to the freezer's temperature.
- 4. If any out-of-range temp, see instructions to the right.
- 5. After each month has ended, save each month's log for 3 years.

Month/Year	PIN or other ID #	Page 1 of 3
Facility Name		

Take action if temp is out of range – too warm (above 46°F) or too cold (below 36°F).

- 1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).
- 2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
- 3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
- 4. Document the action taken on the "Vaccine Storage Troubleshooting Record" on page 3.

Da	y of Month	1		2	3	4	5	6	7	8	9	10	11	12	13	14	15
Sta	aff Initials																
Ex	act Time	AM PM	АМ	PM	AM PI	1 AM P	M AM PI	1 AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
	n/Max Temp in Unit		and the second	and the second second													
Da	inger! Tempera	tures abo	ve 4	6ºF a	re too v	arm! Wi	ite any ou	t-of-range	temps an	d room te	emp on th	e lines be	low and c	all 1-844	963-4829) immedia	itely!
ES	46°F																
ATUR	45°F																
RAT	44°F																
PE	43°F																
TEM	42°F																
	n for 41° 41° F																
Щ	40°F																
EPTAB	39°F																
EPT	38°F																
ACC	37°F																
	36°F																
Danger! Temperatures above 46°F are too warm! Write any out-of-range temps and room temp on the lines below and call 1-844-963-4829 immediately!																	
NOIT	Write any out-of-range temps (above 46°F or below 36°F) here:																
AC	Room Temperature																

If you have a vaccine storage issue, also complete "Vaccine Storage Troubleshooting Record" found on page 3.



Temperature Log for Refrigerator – Fahrenheit

DAYS 16-31

Monitor temperatures closely!

- 1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
- 2. Document min/max once each workday, preferably in the morning and document current temps twice, at beginning and end of each workday.
- 3. Put an "X" in the row that corresponds to the freezer's temperature.
- 4. If any out-of-range temp, see instructions to the right.
- 5. After each month has ended, save each month's log for 3 years.

Month/Year	PIN or other ID#	 Page 2 of 3
Facility Name		

Take action if temp is out of range – too warm (above 46°F) or too cold (below 36°F).

- Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do
 not discard vaccines unless directed to by your state/local health department and/or the
 manufacturer(s).
- 2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
- 3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
- 4. Document the action taken on the "Vaccine Storage Troubleshooting Record" on page 3.

Day of Month	1	16		17	'	18	1	19	2	20	2	1	2	2	2	.3	24	:	25	2	26	2	7	2	28	2	9	30	١	31
Staff Initials																														
Exact Time	АМ	PM	AM	I PM	AM	PM	AM	PM	AM	PM	АМ	PM	АМ	PM	АМ	PM	AM PM	AM	PM	AM	PM	АМ	PM	AM	PM	АМ	PM	АМ	PM	AM PN
Min/Max Temp in Unit (since previous reading)		<u>:</u> 	· · · · · · · · · · · · · · · · · · ·	<u></u>	a de la companya de l	il James and a second	· ·	il .		<u> </u>		and the second s		and the second s	are en			and the second	il		<u>:</u>			area reconstructive					1	
Danger! Temper	ratui	res a	bov	e 46º	Far	e too	war	m! W	/rite	any	out-c	of-ra	nge 1	temp	s an	d ro	om temp	on t	he li	nes l	belov	v and	l cal	l 1-8	44-9	63-4	829 i	mme	ediat	tely!
46°F																														
45°F 44°F																														
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42°F																														
Aim for 41° 41° F																														
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39°F																														
39°F 38°F																														
38°F																														
36°F																													\Box	
Danger! Temper	ratu	res a	bov	e 46º	Far	e too	war	m! V	Vrite	any	out-	of-ra	ange	temj	ps ar	ıd ro	om tem	p on	the l	ines	belo	w an	d ca	ll 1-8	344-9	963-4	1829	imm	edia	itely!
Write any out-of-range temps (above 46°F or below 36°F) here:																														
Room Temperature																														

If you have a vaccine storage issue, also complete "Vaccine Storage Troubleshooting Record" found on page 3.

Vaccine Storage Troubleshooting Record	(check one) Refrigerator	□ Freezer
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Use this form to document any unacceptable vaccine storage event, such as exposure of refrigerated vaccines to temperatures that are outside the manufacturers' recommended storage ranges.

A fillable troubleshooting record (i.e., editable PDF) can also be found at www.immunize.org/clinic/storage-handling.asp.

	A illiable troublesho	otting record (i.e., editable	r Di) can also be lound at www.iiiiiidiiize.oig/ciiiii	c/storage-nanding.asp.					
Date & Time of Event If multiple, related events occurred, see Description of Event below.	Storage Unit Tempera at the time the problem w		Room Temperature at the time the problem was discovered	Person Completing Report					
Date:	Temp when discovered:		Temp when discovered:	Name:					
Time:	Minimum temp:	Maximum temp:	Comment (optional):	Title:	Date:				
 Inventory of affected vaccines, inc 	opened?) event and last documented realuding (1) lot #s and (2) whether was in the storage unit? For expans to the storage problems with the storage problems with the storage problems.	ading of storage temperatur er purchased with public (fo ample, were there water bo is unit and/or with the affec	e in acceptable range (2° to 8°C [36° to 46°F] for refrige or example, VFC) or private funds (Use separate sheet ttles in the refrigerator and/or frozen coolant packs in	if needed, but maintain the inventor					
Action Taken (Document thorou When were the affected vaccines placed health department and/or the Who was contacted regarding the IMPORTANT: What did you do to	olaced in proper storage condit e manufacturer[s].) incident? (For example, superv	ions? (Note: Do not discard	the vaccine. Store exposed vaccine in proper condition	ns and label it "do not use" until aft	er you can discuss with your state/				
Results What happened to the vaccine? W	as it able to be used? If not, wa	s it returned to the distribut	tor? (Note: For public-purchase vaccine, follow your st	ate/local health department instruct	ions for vaccine disposition.)				