Temperature Log for Refrigerator – Celsius
DAYS 1–15

Month/Year _____ VFC PIN or other ID # _____

Facility Name _____

Monitor temperatures closely!
1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. Record temps twice each workday.
3. Record the min/max temps once each workday—preferably in the morning.
4. Put an "X" in the row that corresponds to the refrigerator's temperature.
5. If any out-of-range temp, see instructions to the right.
6. After each month has ended, save each month's log for 3 years, unless state/local jurisdictions require a longer period.

Take action if temp is out of range—too warm (above 8°C) or too cold (below 2°C).
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.

Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Staff Initials																														
Exact Time	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Min/Max Temp (since previous reading)																														

Danger! Temperatures above 8°C are too warm! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!

TEMPERATURES																															
8°C																															
7°C																															
6°C																															
Aim for 5° → 5°C																															
4°C																															
3°C																															
2°C																															

(left side labels: TEMPERATURES / ACCEPTABLE)

Danger! Temperatures below 2°C are too cold! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!

ACTION																															
Write any out-of-range temps (above 8°C or below 2°C) here:																														
Room Temperature																														

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

Temperature Log for Refrigerator – Celsius
DAYS 16–31

Month/Year _____ VFC PIN or other ID # _____

Facility Name _____

Monitor temperatures closely!
1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. Record temps twice each workday.
3. Record the min/max temps once each workday—preferably in the morning.
4. Put an "X" in the row that corresponds to the refrigerator's temperature.
5. If any out-of-range temp, see instructions to the right.
6. After each month has ended, save each month's log for 3 years, unless state/local jurisdictions require a longer period.

Take action if temp is out of range—too warm (above 8ºC) or too cold (below 2ºC).
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.

Day of Month	16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
Staff Initials																																
Exact Time	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Min/Max Temp (since previous reading)																																

Danger! Temperatures above 8°C are too warm! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!

TEMPERATURES	8°C																
	7°C																
	6°C																
Aim for 5°	5°C																
ACCEPTABLE	4°C																
	3°C																
	2°C																

Danger! Temperatures below 2°C are too cold! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!

| ACTION | Write any out-of-range temps (above 8°C or below 2°C) 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**

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 or WORD document) can also be found at www.immunize.org/clinic/storage-handling.asp.

Date & Time of Event If multiple, related events occurred, see Description of Event below.	Storage Unit Temperature at the time the problem was discovered		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:

Description of Event *(If multiple, related events occurred, list each date, time, and length of time out of storage.)*
- General description (i.e., what happened?)
- Estimated length of time between event and last documented reading of storage temperature in acceptable range (35º to 46ºF [2º to 8ºC] for refrigerator; -58º to 5ºF [-50º to -15ºC] for freezer)
- Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (Use separate sheet if needed, but maintain the inventory with this troubleshooting record.)
- At the time of the event, what else was in the storage unit? For example, were there water bottles in the refrigerator and/or frozen coolant packs in the freezer?
- Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine?
- Include any other information you feel might be relevant to understanding the event.

Action Taken *(Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)*
- When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine. Store exposed vaccine in proper conditions and label it "do not use" until after you can discuss with your state/local health department and/or the manufacturer[s].)
- Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer—list all.)
- **IMPORTANT:** What did you do to prevent a similar problem from occurring in the future?

Results
- What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public-purchase vaccine, follow your state/local health department instructions for vaccine disposition.)

Temperature Log for Freezer – Celsius
DAYS 1–15

Month/Year _____ VFC PIN or other ID # _____

Facility Name _____

Monitor temperatures closely!
1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. Record temps twice each workday.
3. Record the min/max temps once each workday—preferably in the morning.
4. Put an "X" in the row that corresponds to the freezer's temperature.
5. If any out-of-range temp, see instructions to the right.
6. After each month has ended, save each month's log for 3 years, unless state/local jurisdictions require a longer period.

Take action if temp is out of range—too warm (above -15ºC) or too cold (below -50ºC).
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.

Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Staff Initials																														
Exact Time	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Min/Max Temp (since previous reading)																														

Danger! Temperatures above -15ºC are too warm! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!

ACCEPTABLE TEMPERATURES		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
	-15°C																														
	-16°C																														
	-17°C																														
	-18°C																														
	-19°C																														
	-20°C																														
	-21°C																														
	-22°C																														
	-50°C to -23°C																														
ACTION	Write any out-of-range temps (above -15ºC or below -50ºC) here.																													
	Room Temperature																														

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

Temperature Log for Freezer – Celsius
DAYS 16–31

Month/Year _____   VFC PIN or other ID # _____

Facility Name _____

Monitor temperatures closely!

1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. Record temps twice each workday.
3. Record the min/max temps once each workday—preferably in the morning.
4. Put an "X" in the row that corresponds to the freezer's temperature.
5. If any out-of-range temp, see instructions to the right.
6. After each month has ended, save each month's log for 3 years, unless state/local jurisdictions require a longer period.

Take action if temp is out of range—too warm (above -15ºC) or too cold (below -50ºC).

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.

Day of Month	16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
Staff Initials																																
Exact Time	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Min/Max Temp (since previous reading)																																

Danger! Temperatures above -15ºC are too warm! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!

ACCEPTABLE TEMPERATURES		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
	-15ºC																																
	-16ºC																																
	-17ºC																																
	-18ºC																																
	-19ºC																																
	-20ºC																																
	-21ºC																																
	-22ºC																																
	-50ºC to -23ºC																																
ACTION	Write any out-of-range temps (above -15ºC or below -50ºC) 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**

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.
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Date:	Temp when discovered:		Temp when discovered:	Name:	
Time:	Minimum temp:	Maximum temp:	Comment (optional):	Title:	Date:

Description of Event *(If multiple, related events occurred, list each date, time, and length of time out of storage.)*
- General description (i.e., what happened?)
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- Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (Use separate sheet if needed, but maintain the inventory with this troubleshooting record.)
- At the time of the event, what else was in the storage unit? For example, were there water bottles in the refrigerator and/or frozen coolant packs in the freezer?
- Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine?
- Include any other information you feel might be relevant to understanding the event.

Action Taken *(Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)*
- When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine. Store exposed vaccine in proper conditions and label it "do not use" until after you can discuss with your state/local health department and/or the manufacturer[s].)
- Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer—list all.)
- IMPORTANT: What did you do to prevent a similar problem from occurring in the future?

Results
- What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public-purchase vaccine, follow your state/local health department instructions for vaccine disposition.)