Co	Temperature Log for Refrigerator – Celsius DAYS 1–15
	DAYS 1-15

Month/Year	VFC PIN or other ID #	 Page 1 of 3
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! Temperatu	ıres above	8°C are to	oo warm! V	Vrite any o	ut-of-range	e temps an	d room te	mp on the	lines belov	w and call	your state	or local he	alth depar	tment imn	nediately!
ន្ទ 8°C															
7°C															
2°C 8°C 8°C 8°C 8°C 8°C 8°C 8°C 8°C 8°C 8															
Aim for 5° 5°C															
4°C															
4°C 3°C 3°C															
2°C															
Danger! Temperati	ıres below	2°C are to	oo cold! W	rite any ou	t-of-range	temps and	l room ten	np on the l	lines belov	v and call y	our state	or local he	alth depar	tment imn	nediately!
Write any out-of-range temps (above 8°C or below 2°C) here:															
Room Temperature															

Co	Temperature Log for Refrigerator – Celsius DAYS 16-31
	DAYS 16-31

Month/Year	VFC PIN or other ID #	 Page 2 of 3
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).

- 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	19	)	20		21	22	23	24	25	26	27	28	29	30	31
Staff Initials																					
Exact Time	АМ	PM	АМ	PM	АМ	PM	AM	PM	AM I	РМ	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)		<u> </u>	and the second second	<u>                                     </u>	and the second			, and a second second		, and a second	<u> </u>										
Danger! Temperat	ures	abov	e 8°	C are	too v	warm	! Write	e any	y out-o	f-ra	nge temp	s and roo	m temp o	n the line	s below a	nd call you	ır state or	local hea	lth departi	ment imm	ediately!
និ 8.C																					
2°C																					
e C																					
Aim for 5° 5°C																					
4°C																					
4°C 3°C																					
2°C																					
Danger! Temperat	ures	belo	и 2°	C are	too	cold!	Write	any	out-of-	ran	ge temps	and roon	ı temp on	the lines	below an	d call your	state or l	ocal healt	h departm	ent imme	diately!
Write any out-of-range temps (above 8°C or below 2°C) here:																					
Room Temperature															1						

Vaccine Storage	<b>Froubleshooting Record</b>	(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 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		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:
<ul> <li>Inventory of affected vaccines, include</li> </ul>	pened?) vent and last documented reading (1) lot #s and (2) whether vas in the storage unit? For exan any storage problems with this	ng of storage temperature in accep purchased with public (for examp aple, were there water bottles in the unit and/or with the affected vacc	ptable range (35° to 46°F [2° to 8°C] for refrigerator; ole, VFC) or private funds (Use separate sheet if need the refrigerator and/or frozen coolant packs in the fre	ded, but maintain the inventory with this trouble	eshooting record.)
Action Taken (Document thorou     When were the affected vaccines plealth department and/or the man.     Who was contacted regarding the     IMPORTANT: What did you do to	aced in proper storage condition ufacturer[s].) incident? (For example, supervis	ns? (Note: Do not discard the vacosor, state/local health department	cine. Store exposed vaccine in proper conditions and	l label it "do not use" until after you can discuss	with your state/local
Results  • What happened to the vaccine? Wa	as it able to be used? If not, was i	t returned to the distributor? (No	te: For public-purchase vaccine, follow your state/lo	ocal health department instructions for vaccine d	isposition.)

Page 3 of 3

Co	Temperature Log for Freezer – Celsius DAYS 1–15
	DAYS 1-15

Monitor	temperatures	closel	v
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- 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.

Month/Year	$\_$ VFC PIN or other ID # $\_$	Page 1 of 3
Socility Name		

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

Da	y of Month	1		2	2	3	3		4	5	,	6	5		7	8	3	!	9	1	0	1	1	1:	2	13		1.	4	1.	5
Sta	aff Initials																														
Exa	act Time	AM	PM	AM	PM	AM	PM	АМ	PM	АМ	PM	AM	PM	АМ	PM	АМ	PM	AM	PM	АМ	PM	АМ	PM	АМ	PM	AM	РМ	AM	PM	AM	PM
	n/Max Temp nce previous reading)		are and a second	and the second seco	, e e e e e e e e e e e e e e e e e e e		and the second	and the second second	and the second second	and the second s	and the second second	a de la companya de	and the second second	and the second second	, and a second second	and the second second	, and a second	and the second second	and the second	and the second second	, e e e e e e e e e e e e e e e e e e e	and the second second	an en	and the second	garage and the second		and the second	and the second seco	, and a second		and the second s
Da	anger! Temperatu	res ab	ove	-15°C	are t	00 W	arm!	Write	any o	out-of	-rang	e ten	ıps aı	nd ro	om te	emp o	n the	lines	s belo	w and	call	your	state	or loc	al he	alth d	epart	men	t imm	ediat	tely!
ES	-15°C																														
2	-16°C																														
TEMPERAT	-17°C																														
	-18°C																														
	-19°C																														
I E	-20°C																														
TAB	-21°C																														
CEP	-22°C																														
AC	-50°C to -23°C																														
NOIT	Write any out-of-range temps (above -15°C or below -50°C) here.																														
A C.	Room Temperature																														

Co	Temperature Log for Freezer – Celsius DAYS 16-31
	DAYS 16-31

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.

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

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

Da	y of Month	-	16		17		18	1	9	2	.0	2	1	22		2	3	24	4	2.	5	2	6	2	27	2	.8	2	9	3	0	3	31
Sta	ıff Initials																																
Fxa	act Time	AM	PM	АМ	PM	АМ	PM	АМ	РМ	АМ	РМ	АМ	РМ	АМ	РМ	АМ	РМ	АМ	РМ	АМ	РМ	АМ	РМ	АМ	РМ	АМ	РМ	АМ	PM	AM	РМ	АМ	PM
									<u> </u>															<u> </u>						$\perp \downarrow$			
	n/Max Temp ce previous reading)																																
Da	anger! Temperatu	ires	abov	e -15	5°C ar	e toc	warr	n! Wr	ite ar	ıy ou	t-of-r	ange	tem	os and	rooi	m te	тр о	n the	line	s belo	ow ar	ıd ca	ll you	ır sta	te or	local	heal	th de	partr	nent	imm	edia	tely!
ES	-15°C																																
r U R	-16°C																																
RAT	-17°C																																
MPE	-18°C																																
TE	-19°C																																
BLE	-20°C																																
PTAI	-21°C																																
CE	-22°C																																
AC	-50°C to -23°C																																
TION	Write any out-of-range temps (above -15°C or below -50°C) here.																																
AC <sup>-</sup>	Room Temperature																																

Vaccine Storage Troubleshooting Record (check one)   Refrige	'accır	ICCI	ne Storage	Iroubleshooting	g Record	(check one) L Retrigerator	
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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 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 Tempera at the time the problem wa	ture as 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 (35° to 46°F [2° to 8°C] for refrigerator; -58° to 5°F [-50° to -15°C] 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 thorou	 σhly This information is critic	cal to determining whether the	vaccine might still he viahle!)		_							
<ul> <li>Action Taken (Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)</li> <li>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].)</li> <li>Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer—list all.)</li> <li>IMPORTANT: What did you do to prevent a similar problem from occurring in the future?</li> </ul>												
Results What happened to the vaccine? W	as it able to be used? If not, wa	s it returned to the distributor?	(Note: For public-purchase vaccine, follow your sta	te/local health department instructions for vac	cine disposition.)							

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