FROZEN VACCINE TEMPERATURE LOG
DAYS 1-15

°C

Instructions: Place a "✓"in the box that corresponds with the temperature. If the temperature is not on the grid, write the actual temperature in the "other" box. Record the minimum and maximum temperatures in the morning. If any temps are out of range, document action taken on Vaccine Storage and Handling Incident Report.
Keep this log for 3 years.

Month/Year: _____
Freezer Model/Location: _____
VFC PIN: _____

This log is required for KIP/VFC vaccines.

Freezer Temp	Day	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
		MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX
	Staff Initials																														
	Room Temp																														
	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
	other																														
	-12																														
	-13																														
	-14																														
	-15																														
	-16																														
	-17																														
	-18																														
	-19																														
	-20																														
	-21																														
	-22																														
	-23																														
	-24																														
	-25																														
	≤ –26																														
	< –50																														

TOO WARM!

TOO COLD!

Date of inspection of expiration dates and inventory rotation: Week One_____ Week Two _____

FROZEN VACCINE TEMPERATURE LOG
DAYS 16-31

°C

Instructions: Place a "✓" in the box that corresponds with the temperature. If the temperature is not on the grid, write the actual temperature in the "other" box. Record the minimum and maximum temperatures in the morning. If any temps are out of range, document action taken on Vaccine Storage and Handling Incident Report.
Keep this log for 3 years.

Month/Year: _____
Freezer Model/Location: _____
VFC PIN: _____

This log is required for KIP/VFC vaccines.

Freezer Temp	Day	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		MIN MAX	MIN MAX	MIN MAX	MIN MAX	MIN MAX	MIN MAX	MIN MAX	MIN MAX	MIN MAX	MIN MAX	MIN MAX	MIN MAX	MIN MAX	MIN MAX	MIN MAX	MIN MAX
	Staff Initials																
	Room Temp																
	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
	other																
	-12																
	-13																
	-14																
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	-18																
	-19																
	-20																
	-21																
	-22																
	-23																
	-24																
	-25																
	≤ –26																
	< –50																

TOO WARM!

TOO COLD!

Date of inspection of expiration dates and inventory rotation: Week Three_____ Week Four _____

REFRIGERATED VACCINE TEMPERATURE LOG
DAYS 1-15

°C

Instructions: Place a "✓" in the box that corresponds with the temperature. If the temperature is not on the grid, write the actual temperature in the "other" box. Record the minimum and maximum temperatures in the morning. If any temps are out of range, document action taken on Vaccine Storage and Handling Incident Report.
Keep this log for 3 years.

Month/Year: _____
Refrigerator Model/Location: _____
VFC PIN: _____
This log is required for KIP/VFC vaccines.

Day	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX
Staff Initials																														
Room Temp																														
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
other																														
11																														
10																														
9																														
8																														
7																														
6																														
5																														
4																														
3																														
2																														
1																														
0																														
-1																														
other																														

TOO WARM!

TOO COLD!

Date of inspection of expiration dates and inventory rotation: Week One_____ Week Two _____

REFRIGERATED VACCINE TEMPERATURE LOG
DAYS 16-31

°C

Instructions: Place a "✓" in the box that corresponds with the temperature. If the temperature is not on the grid, write the actual temperature in the "other" box. Record the minimum and maximum temperatures in the morning. If any temps are out of range, document action taken on Vaccine Storage and Handling Incident Report.
Keep this log for 3 years.

Month/Year: _____
Refrigerator Model/Location: _____
VFC PIN: _____

This log is required for KIP/VFC vaccines.

Day	16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX
Staff Initials																																
Room Temp																																
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
other																																
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4																																
3																																
2																																
1																																
0																																
-1																																
other																																

TOO WARM!

TOO COLD!

Date of inspection of expiration dates and inventory rotation: Week Three_____ Week Four _____