

FROZEN VACCINE TEMPERATURE LOG

DAYS 1-15



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.

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						
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	am	pm
other	TOO WARM!																																	
8																																		
7																																		
6																																		
5																																		
4																																		
3																																		
2																																		
1																																		
0																																		
-1																																		
-2																																		
-3																																		
-4																																		
-5																																		
≤ -6																																		
< -58	TOO COLD!																																	

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

FROZEN VACCINE TEMPERATURE LOG

DAYS 16-31



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.

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		
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	TOO WARM!																															
8																																
7																																
6																																
5																																
4																																
3																																
2																																
1																																
0																																
-1																																
-2																																
-3																																
-4																																
-5																																
≤ -6																																
< -58	TOO COLD!																															

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

REFRIGERATED VACCINE TEMPERATURE LOG

DAYS 1-15



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		
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		
other																														
≥49																														
48																														
47																														
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33																														
32																														
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



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Refrigerator Model/Location: _____

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	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		
Refrigerator Temp	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																																
	≥49																																
	48																																
	47																																
	46																																
	45																																
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TOO WARM!

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