

DAYS 1-15		REFRIGERATOR/FREEZER TEMPERATURE RECORDING FORM																																												
CLINIC NAME: _____										PIN #: _____					PROPERTY #: _____					MONTH/YEAR: _____																										
<p>Check the temperatures in both the freezer and the refrigerator compartments of your vaccine storage units at least twice each working day. Place an X in the box that corresponds with the temperature. Record minimum and Maximum temperatures in the freezer and refrigerator once a day, preferably in the morning.</p> <p><b>CONTACT THE VACCINE MANUFACTURER(S) ANY TIME VACCINES ARE EXPOSED TO OUT-OF-RANGE TEMPERATURES.</b></p>																																														
RECORD ACTUAL TEMPERATURE FOR REFRIGERATOR ≥48°F/8.8°C OR ≤32°F/0°C AND IF THE FREEZER IS ≤3°F/-16°C OR >7°F/-14° C																																														
*** REFRIGERATOR ***																																														
Staff Initials																																														
Time																																														
Day of Month		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15																
F° Temp	C° Temp	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															
≥48	≥8.8	RECORD ACTUAL TEMPATURE															TAKE IMMEDIATE ACTION IF TEMPERATURE IS IN THE SHADED SECTION															RECORD ACTUAL TEMPERATURE														
47	8.3																																													
46	7.7																																													
45	7																																													
44	6.6																																													
43	6.1																																													
42	6																																													
41	5																																													
40	4.4																																													
39	4																																													
38	3																																													
37	2.7																																													
36	2.2																																													
35	2																																													
34	1.1	TAKE IMMEDIATE ACTION IF TEMPERATURE IS IN THE SHADED SECTION																																												
33	1																																													
≤32	<0	RECORD ACTUAL TEMPATURE															RECORD ACTUAL TEMPERATURE															RECORD ACTUAL TEMPERATURE														
MINIMUM TEMP																																														
MAXIMUM TEMP																																														
*** FREEZER ***																																														
≤7	>-14	RECORD ACTUAL TEMPATURE															RECORD ACTUAL TEMPERATURE															RECORD ACTUAL TEMPERATURE														
6	-14.4	TAKE IMMEDIATE ACTION IF TEMPERATURE IS IN THE SHADED SECTION																																												
5	-15																																													
4	-15.5																																													
≤3	<-16	RECORD ACTUAL TEMPATURE															RECORD ACTUAL TEMPERATURE															RECORD ACTUAL TEMPERATURE														
MINIMUM TEMP																																														
MAXIMUM TEMP																																														

DAYS 16-31		REFRIGERATOR/FREEZER TEMPERATURE RECORDING FORM																																	
CLINIC NAME: _____										PIN #: _____					PROPERTY #: _____					MONTH/YEAR: _____															
Check the temperatures in both the freezer and the refrigerator compartments of your vaccine storage units at least twice each working day. Place an X in the box that corresponds with the temperature. Record minimum and Maximum temperatures in the freezer and refrigerator once a day, preferably in the morning.																																			
<b>CONTACT THE VACCINE MANUFACTURER(S) ANY TIME VACCINES ARE EXPOSED TO OUT-OF-RANGE TEMPERATURES.</b>																																			
<b>RECORD ACTUAL TEMPERATURE FOR REFRIGERATOR <math>\geq 48^{\circ}\text{F}/8.8^{\circ}\text{C}</math> OR <math>\leq 32^{\circ}\text{F}/0^{\circ}\text{C}</math> AND IF THE FREEZER IS <math>\leq 3^{\circ}\text{F}/-16^{\circ}\text{C}</math> OR <math>&gt; 7^{\circ}\text{F}/-14^{\circ}\text{C}</math></b>																																			
*** REFRIGERATOR ***																																			
Staff Initials																																			
Time																																			
Day of Month		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31			
F° Temp	C° Temp	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		
$\geq 48$	$\geq 8.8$	RECORD ACTUAL TEMPERATURE										TAKE IMMEDIATE ACTION IF TEMPERATURE IS IN THE SHADED SECTION												RECORD ACTUAL TEMPERATURE											
47	8.3																																		
46	7.7																																		
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37	2.7																																		
36	2.2																																		
35	2																																		
34	1.1	TAKE IMMEDIATE ACTION IF TEMPERATURE IS IN THE SHADED SECTION																																	
33	1																																		
$\leq 32$	$< 0$	RECORD ACTUAL TEMPERATURE										RECORD ACTUAL TEMPERATURE												RECORD ACTUAL TEMPERATURE											
MINIMUM TEMP																																			
MAXIMUM TEMP																																			
*** FREEZER ***																																			
$\leq 7$	$> -14$	RECORD ACTUAL TEMPERATURE										RECORD ACTUAL TEMPERATURE												RECORD ACTUAL TEMPERATURE											
6	-14.4	TAKE IMMEDIATE ACTION IF TEMPERATURE IS IN THE SHADED SECTION																																	
5	-15																																		
4	-15.5																																		
$\leq 3$	$< -16$	RECORD ACTUAL TEMPERATURE										RECORD ACTUAL TEMPERATURE												RECORD ACTUAL TEMPERATURE											
MINIMUM TEMP																																			
MAXIMUM TEMP																																			