C Refrigerator Temperature Log

MONTH & YEAR	REFRIGERATOR LOCATION/ID	VFC PIN

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
Example	8:00 a.m.	NN		4.3	2.4	5.7	
Example	4:00 p.m.	NN	✓	7.6	4.0	9.1	12345
1	a.m.						
	p.m.						
2	a.m.						
	p.m.						
3	a.m.					ļ	
	p.m.						
4	a.m.					ļ	
	p.m.						
5	a.m.						
	p.m.						
6	a.m.						
	p.m.						
7	a.m.					ļ	
	p.m.						
8	a.m.					ļ	
	p.m.						
9	a.m.					ļ	
	p.m.						
10	a.m.					ļ	
	p.m.						
11	a.m.					ļ	
	p.m.						
12	a.m.					ļ	
	p.m.						
13	a.m.					ļ	
	p.m.						
14	a.m.				ļ		
	p.m.						
15	a.m.				ļ	ļ	
	p.m.						

Instructions

Keep refrigerator in OK range.



Check temperatures twice a day.

- 1. Fill out month, year, refrigerator ID, and PIN.
- 2. Record the time and your initials.
- 3. Record a check if an alarm went off.
- 4. Record Current, MIN, and MAX.

If no alarm:

- 1. Clear MIN/MAX.
- 2. Ensure data logger is in place and recording.



IF ALARM WENT OFF:

- 1. Clear MIN/MAX and alarm symbol.
- 2. Post "Do Not Use Vaccines" sign.
- 3. Alert your supervisor.
- Report excursion to SHOTS at MyVFCvaccines.org.
- 5. Record assigned SHOTS ID.



Ensure data logger is in place and recording.

Supervisor's Review

When log is complete, check all that apply: Month/year/fridge ID/PIN are recorded. Temperatures were recorded twice daily. I reviewed data files for all the days on this log to find any missed excursions. Date downloaded://
 Any excursions were reported to SHOTS at MyVFCvaccines.org. We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.
On-Site Supervisor's Name:
Signature:

Date://	
Staff Na mes and Initials:	



Co Refrigerator Temperature Log

MOI	NTH & YE	AR	REFRI	GERATOR L	OCATIO	N/ID	VFC PIN
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DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
16	a.m.						
10	p.m.						
17	a.m.						
	p.m.						
18	a.m.						
	p.m.						
19	a.m.					 	
	p.m.						
20	a.m.	ļ 	 				
	p.m. a.m.	<u> </u>	<u> </u>				
21	ļ	 	 			 	
	p.m. a.m.						
22	ļ	 	 				
	p.m. a.m.						
23	p.m.	 	 			 	
	a.m.						
24	p.m.						
	a.m.						
25	p.m.	 				l ·	
	a.m.						
26	p.m.						
27	a.m.						
27	p.m.						
28	a.m.						
20	p.m.						
29	a.m.						
Z 3	p.m.						
30	a.m.						
	p.m.						
31	a.m.						
	p.m.						
Notes:							

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6. Ensure data logger is in place and recording.

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On-Site Supervisor's Name:
Signature: Date:// Staff Na mes and Initials:

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