F° Freezer Temperature Log

MONTH & YEAR **FREEZER LOCATION/ID** **VFC PIN**

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
Example	8:00 a.m.	NN		-10.3	-20.2	-9.1	
	4:00 p.m.	NN	✔	2.4	-9.0	-6.2	12345
1	a.m.						
	p.m.						
2	a.m.						
	p.m.						
3	a.m.						
	p.m.						
4	a.m.						
	p.m.						
5	a.m.						
	p.m.						
6	a.m.						
	p.m.						
7	a.m.						
	p.m.						
8	a.m.						
	p.m.						
9	a.m.						
	p.m.						
10	a.m.						
	p.m.						
11	a.m.						
	p.m.						
12	a.m.						
	p.m.						
13	a.m.						
	p.m.						
14	a.m.						
	p.m.						
15	a.m.						
	p.m.						

Notes: _____

_____

Instructions

Keep freezer in OK range.

-58.0°C   -5.0°C   OK

Check temperatures twice a day.

1. Fill out month, year, freezer 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.
4. Report excursion to SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.

Supervisor's Review

When log is complete, check all that apply:
- ☐ Month/year/freezer 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:

_____

_____

_____

F° Freezer Temperature Log

MONTH & YEAR	FREEZER LOCATION/ID	VFC PIN

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
16	a.m.						
	p.m.						
17	a.m.						
	p.m.						
18	a.m.						
	p.m.						
19	a.m.						
	p.m.						
20	a.m.						
	p.m.						
21	a.m.						
	p.m.						
22	a.m.						
	p.m.						
23	a.m.						
	p.m.						
24	a.m.						
	p.m.						
25	a.m.						
	p.m.						
26	a.m.						
	p.m.						
27	a.m.						
	p.m.						
28	a.m.						
	p.m.						
29	a.m.						
	p.m.						
30	a.m.						
	p.m.						
31	a.m.						
	p.m.						

Notes: _____

_____

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OK

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On-Site Supervisor's Name:

_____

Signature:_____
Date: ___/___/___
Staff Na mes and Initials:
_____
_____
_____