

Updated! Temperature logs for separate refrigerator and freezer vaccine storage units

New! Troubleshooting record with instructions and examples of problems and corrective actions

F° Temperature Log for Refrigerator – Fahrenheit Month/Year _____ VFC PIN or other ID # _____ Page 1 of 3
DAYS 1-15 Facility Name _____

Monitor temperatures closely!
 1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
 2. Record temps twice each workday.
 3. Record the min/max temps once each workday – preferably in the morning.
 4. Put an "X" in the row that corresponds to the refrigerator's temperature.
 5. If any out-of-range temp, see instructions to the right.
 6. After each month has ended, save each month's log for 3 years, unless state/local jurisdictions require a longer period.

Take action if temp is out of range – too warm (above 46°F) or too cold (below 35°F).
 1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).
 2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
 3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
 4. Document the action taken on the "Vaccine Storage Troubleshooting Record" on page 3.

| | | | | | | | | | | | | | | | |
|---------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Day of Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Staff Initials | | | | | | | | | | | | | | | |
| Exact 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 |
| Min/Max Temp (since previous reading) | | | | | | | | | | | | | | | |

Refrigerator Storage Unit
 Fahrenheit: www.immunize.org/catg.d/p3037f.pdf
 Celsius: www.immunize.org/catg.d/p3037c.pdf

F° Temperature Log for Freezer – Fahrenheit Month/Year _____ VFC PIN or other ID # _____ Page 1 of 3
DAYS 1-15 Facility Name _____

Monitor temperatures closely!
 1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
 2. Record temps twice each workday.
 3. Record the min/max temps once each workday – preferably in the morning.
 4. Put an "X" in the row that corresponds to the freezer's temperature.
 5. If any out-of-range temp, see instructions to the right.
 6. After each month has ended, save each month's log for 3 years, unless state/local jurisdictions require a longer period.

Take action if temp is out of range—too warm (above 5°F) or too cold (below -58°F).
 1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).
 2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
 3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
 4. Document the action taken on the "Vaccine Storage Troubleshooting Record" on page 3.

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|---------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Day of Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Staff Initials | | | | | | | | | | | | | | | |
| Exact 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 |
| Min/Max Temp (since previous reading) | | | | | | | | | | | | | | | |

Freezer Storage Unit
 Fahrenheit: www.immunize.org/catg.d/p3038f.pdf
 Celsius: www.immunize.org/catg.d/p3038c.pdf

Danger! Temperatures above 46°F

ACCEPTABLE TEMPERATURES

AIMS FOR 40°F

Danger! Temperatures below 35°F

ACTION

Write any out-of-range temps (above 46°F or below 35°F) here.

Room Temperature _____

If you have a vaccine storage issue, a _____

IMMUNIZATION ACTION C

Vaccine Storage Troubleshooting Record (check one) Refrigerator Freezer

Use this form to document any unacceptable vaccine storage event, such as exposure of refrigerated vaccines to temperatures that are outside the manufacturer's recommended storage ranges. A fillable troubleshooting record (i.e., editable PDF or WORD document) can also be found at www.immunize.org/links/storage-handling.asp.

| Date & Time of Event | Storage Unit Temperature | Room Temperature | Person Completing Report |
|--|--|--|--------------------------|
| Date: _____ Time: _____ | When recording temperatures, indicate F (Fahrenheit) or C (Celsius). | When recording temperatures, indicate F (Fahrenheit) or C (Celsius). | Name: _____ |
| | Temp when discovered: _____ | Temp when discovered: _____ | Title: _____ |
| Description of Event (If multiple, related events occurred, list each date, time, and length of time out of storage.) | | Comment (optional): _____ | Date: _____ |
| <ul style="list-style-type: none"> General description (i.e., what happened?) Estimated length of time between event and last documented reading of storage temperature in acceptable range (35° to 46°F [3° to 8°C] for refrigerator; -58° to 5°F [-50° to 15°C] for freezer) Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (Use separate sheet if needed, but maintain the inventory with this troubleshooting record) At the time of the event, what else was in the storage unit? For example, were there water bottles in the refrigerator and/or frozen coolant packs in the freezer? Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine? Include any other information you feel might be relevant to understanding the event. | | | |
| Action Taken (Document thoroughly. This information is critical to determining whether the vaccine might still be viable) <ul style="list-style-type: none"> When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine. Store exposed vaccine in proper conditions and label it "do not use" until after you can discuss with your state/local health department and/or the manufacturer(s).) Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer—list all) IMPORTANT: What did you do to prevent a similar problem from occurring in the future? | | | |
| Results <ul style="list-style-type: none"> What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public-purchase vaccine, follow your state/local health department instructions for vaccine disposition.) | | | |

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... of the event, what...
 ... to this event, have there been any...
 Include any other information you feel mig...

At 8 am on Monday (6/24/13) m...
 readings as high as 52°, 50°, 49° &
 taken every 30 min on calibrated dig...
 Total time out of range: approximately...
 Inventory of vaccines: see attached...
 Water bottles in refrigerator door. No vac...
 weekend may have affected power.

Action Taken (Document thoroughly. This information...
 • When were the affected vaccines placed in proper storag...
 state/local health department and/or the manufacturer...
 • Who was contacted regarding the incident? (For exam...
 • **IMPORTANT:** What did you do to prevent a similar pr...

Vaccines currently stored appropriat...
 My State Immunization Program...
 cine to remain quarantined und...
 ed electric company and...
 refrigerator

▶ **New troubleshooting record! Fill in electronically (as fillable PDF) or by hand. Additional pages include examples of how this can be filled in.**

Fillable PDF: www.immunize.org/catg.d/p3041.pdf