Vaccine Storage Temperature Log (Celsius)

Month/Year: _____

Provider Name: _____ **PIN:** _____ **Unit ID:** _____

Completing this Temperature Log: Temperatures must be **c**hecked for the freezer and refrigerator that are used to store VFC/WyVIP vccine at least twice each day, except weekends and state holidays. Place an "X" in the box that corresponds with the temperature and record the time of the reading, along with staff initials. If the freezer is colder than -17°, please write in the exact temperature. **If available, record min/max temperatures in the AM and PM. Write as #/#, for example 3/5.**

Day of Month →		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16	
Staff Initials →																																	
		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
Time of Temp. →																																	
min/max →																																	
Too Hot	11°																																
	10°	Take immediate action: Call a Clinical Quality and Compliance staff member.																															
	9°																																
Refrigerator Temperature in Celsius- **Aim for 5°**	8°																																
	7°																																
	6°																																
	5°																																
	4°																																
	3°																																
	2°																																
Too Cold	1°																																
	Other	Take immediate action: Call a Clinical Quality and Compliance staff member.																															

Too Hot	-12°																																
	-13°	Take immediate action: Call a Clinical Quality and Compliance staff member.																															
	-14°																																
Freezer Temp. in Celsius	-15°																																
	-16°																																
	-17°																																
	Other																																

Printed Name of Person(s) Reporting Temperatures

☐ **NO VACCINE ORDER IS NEEDED**

IF THE RECORDED TEMPERATURE IS IN THE SHADED ZONE, VACCINE VIABLITY IS IN JEOPARDY!

1. Mark vaccines DO NOT USE and store under proper temperatures until vaccine viability is determined by a clinical staff member
2. Call a clinical staff member- Diana Martin RN, 307-789-2665, for providers located on the west side of WY, or Val Koch RN, 307-777-8981, for providers on the east side.
3. Document the action taken on a Vaccine Incident Report.

Notes: (Can be used to indicate converstation with clinical staff member regarding extreme temps)

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Day of Month →		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
Staff Initials →																															
		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
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