


F°

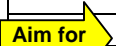
Check Both Temperatures Twice A Day

Month: _____ Year: _____
 Days 1-15 (days 16-31 continued on page 2)

Refrigerator

Staff Initials	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15			
Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15			
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		
*Too High	Take immediate action if temperature is in shaded area.																															
≥49°F																																
48°F																																
47°F																																
46°F																																
45°F																																
44°F																																
43°F																																
42°F																																
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39°F																																
38°F																																
37°F																																
36°F																																
35°F																																
*Too Low	Take immediate action if temperature is in shaded area.																															
34°F																																
33°F																																
≤32°F																																

Freezer

*Too High	If >8°, record the exact temperature.																															
≥8°F																																
7°F	Take immediate action if temperature is in shaded area.																															
6°F																																
5°F																																
4°F																																
3°F																																
2°F																																
1°F																																
 ≤0°F																																

Instructions for Temperature Log:

Check both temperatures twice a day, each working day of the month. Place an "X" in the boxes that show the temperatures you read in the morning and afternoon; enter your initials and the time in the boxes at the top of the day's column. Use a new form each month and save in a file at month's end for three years.

*If the temperature is too high or too low:

1. Store the vaccine under proper conditions as quickly as possible.
2. Call your Immunization contact.
3. If he/she is not available, call the Immunization Service at 1-800-234-6196.
4. Record actions taken on the back of this form.

Regional Immunization Coordinator	Immunization Field Consultant
(405) 271-4073	() -

Immunization Service
 Oklahoma State Department of Health
 OSDH Form P61B

Vaccine Storage Troubleshooting Record

Date	Time	Storage Unit Temp	Room Temp	Problem	Action Taken	Results	Initials
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

F°

Check Both Temperatures Twice A Day

Month: _____ Year: _____

Days 16-31 (days 1-15 see page 1)

Refrigerator																																	
Staff Initials																																	
Day of Month		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
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			
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Vaccine Storage Troubleshooting Record

Date	Time	Storage Unit Temp	Room Temp	Problem	Action Taken	Results	Initials
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17							
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19							
20							
21							
22							
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