

Clinic Name: _____

VFC Pin: _____

Month: _____ Year: _____

Days 1-15

F°

Check Both Temperatures Twice A Day

| Refrigerator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------|-----------------|--------------------------|---|-------|---|-------|---|-------|---|-------|----|-------|----|-------|----|-------|--|-------|--|-------|--|-------|--|-------|--|-------|--|-------|--|--|--|
| Staff Initials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | |
| Minimum temp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maximum temp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Too Warm | ≥49°F | VSIR REQUIRED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 48°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 47°F or Greater | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 46°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 45°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 44°F | STOP! TAKE ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 43°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 42°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 41°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aim For | 40°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 39°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 38°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 37°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 36°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35°F | STOP! TAKE ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Too Cold | 34°F | VSIR REQUIRED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 33°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ≤32°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 34°F | STOP! TAKE ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 33°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ≤32°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Freezer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Minimum temp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maximum temp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Greater than 14°F | | VSIR REQUIRED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7°F - 13°F | STOP! TAKE ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aim For | ≤0°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Instructions for Temperature Log: Temps MUST be taken twice daily for both the refrigerator and freezer. Min/Max temps should also be documented DAILY. Write the exact temp number legibly, sideways in the space provided. Place your initials and 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 (3) years.

***Take action immediately if temperature is too high or too low!**
 (Acceptable ranges 35°F to 46°F for refrigerator and -58°F to 5°F for freezer.)

1. Take necessary action immediately to bring temperature within acceptable range.
2. Record actions taken on the back of this form.
3. For suspected vaccine loss, refer to the decision tree for guidance and action to take.
4. Call your IFC if a VSIR will be completed. If he/she is not available, call the Immunization Service at 405-271-4073.

P61b

Vaccine Storage Troubleshooting Record

| Date | Time | Storage Unit Temp | Problem | Action Taken | Results | Follow up Temp and Time | Initials |
|----------------|--------|-------------------|--|-------------------------------|---|-------------------------|----------|
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| Example | 8:00am | Frig. #1 | Upon arrival this am temp was 35°F, data logger shows temp at 35°X 3hrs. | Thermostat adjusted slightly. | Refrigerator #1 temp now stable, will cont. monitoring closely. | 0900/37°F 1100/40°F | RK,RN |

Description of Event:

*General description (what happened?)

***Do not discard vaccine! Store exposed vaccines in proper conditions and label it "DO NOT USE" until after you can discuss with your state/local VFC Representative.**

Estimated length of time between event and last documented reading of storage temperature in acceptable range (35°F to 46°F for refrigerator and -58°F to 5°F for freezer) or record Data Logger information.

****Important! What did you do to prevent a similar problem from occurring in the future?**

Record what happened to the vaccine; was it able to be used? If not, was it returned to the distributor? (Note: For VFC vaccines, follow your state/local health department instructions for vaccine disposition.)

Clinic Name: _____

VFC Pin: _____

Month: _____ Year: _____

Days 16-31

F°

Check Both Temperatures Twice A Day

| 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 | | |
| Minimum temp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maximum temp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Too Warm | ≥49°F | VSIR REQUIRED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 48°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 47°F or Greater for 30 continuous minutes or more | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 46°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 45°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 44°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 43°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 42°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 41°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aim For | 40°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 39°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 38°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 37°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 36°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35°F | STOP! TAKE ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Too Cold | 34°F for 15 continuous minutes or more | VSIR REQUIRED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 33°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 32°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ≤32°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Freezer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Minimum temp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maximum temp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Greater than 14°F for 60 continuous minutes or more | VSIR REQUIRED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7°F - 13°F | STOP! TAKE ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aim For | ≤0°F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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