

# IOWA DEPARTMENT OF PUBLIC HEALTH - IMMUNIZATION PROGRAM

## VACCINE TEMPERATURE LOG - FAHRENHEIT

Clinic Name: \_\_\_\_\_ VFC PIN: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Refrigerator (Main, 1, 2, 3): \_\_\_\_\_

Days 16-31

Instructions for completing this temperature log: Check the temperatures in both the freezer and the refrigerator units at least twice each working day. Place an "X" in the box that corresponds with the temperature and record the ambient (room) temperature, the time of the temperature readings, and your initials. Once the month has ended, save each month's completed form for 3 years.

Day of Month	16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31			
Time of Day	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	am	pm
Exact Time																																		
Room Temp																																		
Staff Initials																																		
<b>Refrigerator</b>	Record actual temp	$\geq 49^{\circ}$																																
		$48^{\circ}$																																
		$47^{\circ}$																																
	<b>OUT OF RANGE - TAKE ACTION IMMEDIATELY</b>																																	
		$46^{\circ}$																																
		$45^{\circ}$																																
		$44^{\circ}$																																
		$43^{\circ}$																																
		$42^{\circ}$																																
		$41^{\circ}$																																
		<b>Aim For <math>40^{\circ}</math></b>																																
		$39^{\circ}$																																
		$38^{\circ}$																																
		$37^{\circ}$																																
		$36^{\circ}$																																
	$35^{\circ}$																																	
<b>OUT OF RANGE - TAKE ACTION IMMEDIATELY</b>																																		
Record actual temp	$34^{\circ}$																																	
	$33^{\circ}$																																	
Record actual temp	$\leq 32^{\circ}$																																	
<b>Freezer</b>	Record actual temp	$\geq 8^{\circ}$																																
		$7^{\circ}$																																
		$6^{\circ}$																																
	<b>OUT OF RANGE - TAKE ACTION IMMEDIATELY</b>																																	
		$5^{\circ}$																																
		$4^{\circ}$																																
		$3^{\circ}$																																
		$2^{\circ}$																																
	$\leq 1^{\circ}$																																	

**If the recorded temperature is in the shaded zone:  
This represents an unacceptable temperature range  
follow these steps:**

1. Store the vaccine under proper conditions as quickly as possible.
2. Call the manufacturer(s) of the affected vaccine(s).
3. Call the Iowa Immunization Program at 1-800-831-6293.
4. Document the action taken on the Emergency Vaccine Response Worksheet and Troubleshooting Record.

Adapted from the Immunization Action Coalition. 1007

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## VACCINE TEMPERATURE LOG - FAHRENHEIT

Clinic Name: \_\_\_\_\_ VFC PIN: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Refrigerator (Main, 1, 2, 3): \_\_\_\_\_

Days 1-15

Instructions for completing this temperature log: Check the temperatures in both the freezer and the refrigerator units at least twice each working day. Place an "X" in the box that corresponds with the temperature and record the ambient (room) temperature, the time of the temperature readings, and your initials. Once the month has ended, save each month's completed form for 3 years.

Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15				
Time of Day	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			
Exact Time																																	
Room Temp																																	
Staff Initials																																	
<b>Refrigerator</b>	Record actual temp	≥ 49°																															
		48°																															
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		<b>OUT OF RANGE - TAKE ACTION IMMEDIATELY</b>																															
		46°																															
		45°																															
		44°																															
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		42°																															
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		<b>Aim For 40°</b>																															
		39°																															
		38°																															
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		7°																															
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		5°																															
		4°																															
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Adapted from the Immunization Action Coalition. 10/07