

Temperature Log for Vaccines (Fahrenheit)

Month/Year: _____

Days 1–15

***Instructions:** Place an “X” in the box that corresponds with the temperature. The hatched zones represent unacceptable temperature ranges. If the temperature recorded is in the hatched zone: 1. **Store the vaccine** under proper conditions as quickly as possible, 2. **Call the vaccine manufacturer(s)** to determine whether the potency of the vaccine(s) has been affected, 3. **Call the immunization program at your local health department** for further assistance: (____) _____, and 4. **Document the action taken** on the reverse side of this log.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Exact Time																
°F Temp	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Refrigerator temperature	≥49°	Take immediate action if temperature is in shaded section*														
	48°															
	47°															
	46°															
	45°															
	44°															
	43°															
	42°															
	41°															
	40°															
	39°															
	38°															
	37°															
	36°															
	35°															
Freezer temp	34°	Take immediate action if temperature is in shaded section*														
	33°															
	32°															
	31°															
	30°															
	29°															
	≤28°															
	≥8°															
7°																
6°																
5°																
4°																
≤3°																
Room temp																
Staff Initials																

Adapted by the Immunization Action Coalition courtesy of the Michigan Department of Community Health

www.immunize.org/catg.d/p3039.pdf • Item #P3039 (1/1/05)

Vaccine Storage Troubleshooting Record

Date	Time	Storage Unit Temp	Room Temp	Problem	Action Taken	Results	Initials

Temperature Log for Vaccines (Fahrenheit)

Month/Year: _____

Days 16–31

***Instructions:** Place an “X” in the box that corresponds with the temperature. The hatched zones represent unacceptable temperature ranges. If the temperature recorded is in the hatched zone: 1. **Store the vaccine** under proper conditions as quickly as possible, 2. **Call the vaccine manufacturer(s)** to determine whether the potency of the vaccine(s) has been affected, 3. **Call the immunization program at your local health department** for further assistance: (_____) _____, and 4. **Document the action taken** on the reverse side of this log.

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Exact Time																
°F Temp	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
≥49°	Take immediate action if temperature is in shaded section*															
48°																
47°																
46°																
45°																
44°																
Refrigerator temperature	43°															
	42°															
	41°															
	40°															
	39°															
	38°															
	37°															
	36°															
	35°															
	34°	Take immediate action if temperature is in shaded section*														
33°																
32°																
31°																
30°																
29°																
≤28°																
Freezer temp	≥8°															
	7°															
	6°															
	5°															
	4°															
≤3°																
Room temp																
Staff Initials																

Vaccine Storage Troubleshooting Record

Date	Time	Storage Unit Temp	Room Temp	Problem	Action Taken	Results	Initials