

VACCINE CELSIUS TEMPERATURE LOG

Days 1 - 15

Refrigerator Location: _____

Provider Name: _____ PIN Number: _____ Contact Name: _____

Provider Address: _____ Month/Year: _____ Contact Phone: _____

REFRIGERATOR

Staff Initials																						
Time																						
Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15							
°C Temp	am	pm																				
≥11																						
10																						
9																						
8																						
7																						
6																						
5																						
4																						
3																						
2																						
1																						
0																						
<-1																						

*Take corrective action if temperature is in the shaded section.**

*Take corrective action if temperature is in the shaded section.**

FREEZER

≥-12																						
-13																						
-14																						
-15																						
-16																						
-17																						
-18																						
-19																						
<-20																						

*Take corrective action if temperature is in the shaded section.**

INSTRUCTIONS: Place an "X" in the box that corresponds with the temperature (rows), day of the month, and am or pm (columns) for your temperature check. Then enter your initials and the time you monitored the temperature in the boxes at the top of the chart. Temperature logs should be maintained for at least three (3) years. *** If the temperature is in the gray range:** 1. Store the vaccine under proper conditions as quickly as possible, and 2. Call the Division of Public Health, Immunization Program at (608) 267-5148 to determine whether the potency of the vaccines has been affected.

