

# How To Record Freezer Temperatures (C°)

RECORD TEMPERATURES TWICE A DAY. KEEP FREEZER COLDER THAN -15.0°C.

## Before you start

Fill out the page header.

Month/Year (Days 1-15) December 2014  
Freezer Location Injection Room  
Freezer ID Unit #4  
VFC PIN 012345

## Step 1

- A. Record time next to the day of the month:**  
a.m. temperatures before opening the freezer.  
p.m. temperatures about an hour before the office closes to allow time for corrective actions.

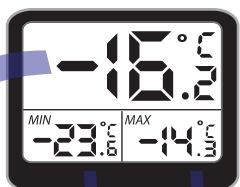
- B. Record your initials.**

1	8:00 a.m.	NN
	4:00 p.m.	TP

## Step 2

- A. Record CURRENT, MIN, and MAX temperatures from the thermometer.**

If your thermometer looks different, refer to manufacturer's instructions.



CURRENT	MIN	MAX
-16.2	-23.6	-14.3

- B. Find temperatures on the list of ranges to see if they are OK or TOO WARM (-14.9°C & warmer).**

**Circle** any temperatures you recorded that are **TOO WARM**.

CURRENT	MIN	MAX
-16.2	-23.6	-14.3

This MAX is TOO WARM even though CURRENT and MIN are OK!

**Freezer Temperature Log**  
Four Steps to Protect Your Vaccines  
Avoid patient recalls by accurately recording temperatures twice a day.

Month/Year (Days 1-15) \_\_\_\_\_  
Freezer Location \_\_\_\_\_  
Freezer ID \_\_\_\_\_  
VFC PIN \_\_\_\_\_

**Step 1** Record the Time and your Initials.

**Step 2** Record CURRENT, MIN, and MAX temperatures. Circle temperatures if TOO WARM. Refer to ranges.

**Step 3** Follow steps for one of the two ranges.

Day of Month	Time	Initials	CURRENT	MIN	MAX
Example	8:00 a.m.	NN	-23.6	-16.2	-14.3
	4:00 p.m.	TP	-26.1	-28.1	-23.8
1	a.m.				
1	p.m.				
2	a.m.				
2	p.m.				
3	a.m.				
3	p.m.				
4	a.m.				
4	p.m.				
5	a.m.				
5	p.m.				
6	a.m.				
6	p.m.				
7	a.m.				
7	p.m.				
8	a.m.				
8	p.m.				
9	a.m.				
9	p.m.				
10	a.m.				
10	p.m.				
11	a.m.				
11	p.m.				
12	a.m.				
12	p.m.				
13	a.m.				
13	p.m.				
14	a.m.				
14	p.m.				
15	a.m.				
15	p.m.				

**TOO WARM!**  
-4° & warmer  
-5°  
-6°  
-7°  
-8°  
-9°  
-10°  
-11°  
-12°  
-13°  
-14°  
-14.9°

**OK**  
-15.0°  
-16°  
-17°  
-18°  
-19°  
-20°  
-21°  
-22°  
-23°  
-24°  
-25°  
-26°  
-27° & colder

**When Log Is Complete** Sign and Acknowledge. File and document. I certify that the temperatures recorded on this log are correct. All temperatures that were TOO WARM were documented. I understand that falsifying logs will result in vaccines being unusable, patient harm, and potential legal action.

Staff Names and Initials: \_\_\_\_\_  
On-site Supervisor's Name & Signature: \_\_\_\_\_  
California Vaccines for Children Program VFC Call Center: 1-800-458-5231

Date: \_\_\_\_\_  
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## TAKE CORRECTIVE ACTIONS & DOCUMENT TEMPERATURES THAT ARE TOO WARM!

**A. Press MEMORY CLEAR/RESET button(s) on thermometer after every recording.**



**Take action steps on log (different for a.m. and p.m. recordings).**

Done. Skip Step 4.

Note: Most freezers do not reach temperatures below -50°C, but if you see temperatures this low, call the VFC Call Center.

**Document actions for temperatures that were TOO WARM on the next page.**

## Freezer Temperature Log

## Four Steps to Protect Your Vaccines

**Avoid patient recalls by accurately recording temperatures twice a day.**

Month/Year (Days 1-15)

Freezer Location

Freezer ID \_\_\_\_\_

VFC PIN \_\_\_\_\_

### Step 1

Passed the Test

Step 2

Second CURRENT, MIN, and MAX temperatures

### Step 3

1000

Day of Month	Time	Initials
Example	8:00 4:00 p.m.	NN TP
1	a.m. p.m.	
2	a.m. p.m.	
3	a.m. p.m.	
4	a.m. p.m.	
5	a.m. p.m.	
6	a.m. p.m.	
7	a.m. p.m.	
8	a.m. p.m.	
9	a.m. p.m.	
10	a.m. p.m.	
11	a.m. p.m.	
12	a.m. p.m.	
13	a.m. p.m.	
14	a.m. p.m.	
15	a.m. p.m.	

## MAX TOO WARM?

1. Press MEMORY CLEAR/RESET button.
2. Post “Do Not Use Vaccine” sign.
3. Alert your supervisor.
4. **A.M. – Call VFC Call Center, or**  
**P.M. – Wait 1 hour:**
  - If CURRENT is **still TOO WARM**, **call VFC Call Center.**
  - If CURRENT is OK,  
no need to call VFC Call Center.
5. Document on Step 4 (next page).

**CURRENT, MIN, and MAX**  
**are all OK.**

1. Press MEMORY CLEAR/RESET button.  
Done. Skip Step 4 (next page).

**When Log Is Complete** Sign and Acknowledge. File and keep log for 3 years.

Staff Names and Initials: **Nicky Naka (NN)**

### Troy Piper (TP)

On-site Supervisor's Name & Signature: Cecilia Sanchez *Cecilia Sanchez* Date: 12/15/14

## When Log Is Complete

### A. Read and Acknowledge

- Write in full names and initials.
- The on-site supervisor must review the log and write in full name with signature.

**REMEMBER:** The Vaccine Coordinator is required to review logs weekly.

**File and keep log for 3 years.**