# C° Refrigerator Temperature Log
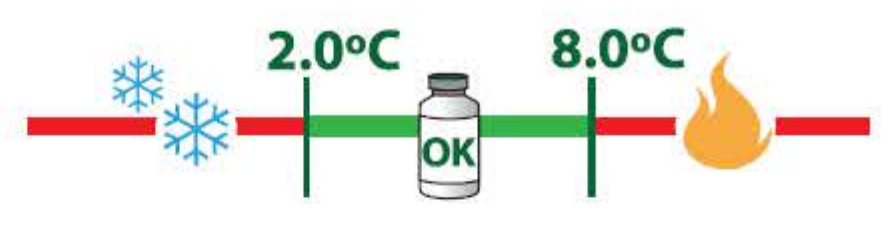
| MONTH & YEAR | REFRIGERATOR LOCATION/ID |
|---|---|
|  |  |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | ALL TEMPS IN OK RANGE? |
|---|---|---|---|---|---|---|---|
| Example | 8:00 a.m. | NN |  | 4.3 | 2.4 | 5.7 | Y |
| | 4:00 p.m. | NN | ✔ | 7.6 | 4.0 | 9.1 | N |
| 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. |  |  |  |  |  |  |

**Notes:**

_____

_____

_____

## Instructions

### Keep refrigerator in OK range.



### Check temperatures twice a day.

1. Fill out month, year, refrigerator ID
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.
5. Verify that all temps were within the OK range (Y/N).

### If no alarm:

1. Clear MIN/MAX.
2. Ensure data logger is in place and recording.

### IF ALARM WENT OFF:

1. Clear MIN/MAX and alarm symbol.
2. Post "Do Not Use Vaccines" sign.
3. Alert your supervisor.
4. Report excursion to the SFDPH IZ Program at (415) 554-2955
5. Use notes section to document actions taken.
6. Ensure data logger is in place and recording.

## Supervisor's Review

When log is complete, check all that apply:

☐ Month/year/fridge ID are recorded.

☐ Temperatures were recorded twice daily.

☐ I reviewed data files for all the days on this log to find any missed excursions.
   Date downloaded: _____/_____/_____

☐ Any excursions were reported to the SFDPH IZ Program.

☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the SFDPH IZ Program.

On-Site Supervisor's Name:

_____

Signature:_____

Date: _____/_____/_____

Staff Names and Initials:

_____

_____

_____

Order more copies of this log at no cost here: https://www.sfcdcp.org/immunizations/immunization-resources-materials/materials/

# C° Refrigerator Temperature Log

| MONTH & YEAR | REFRIGERATOR LOCATION/ID |
|---|---|
|  |  |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | ALL TEMPS IN OK RANGE? |
|---|---|---|---|---|---|---|---|
| 16 | a.m. | | | | | | |
| | p.m. | | | | | | |
| 17 | a.m. | | | | | | |
| | p.m. | | | | | | |
| 18 | a.m. | | | | | | |
| | p.m. | | | | | | |
| 19 | a.m. | | | | | | |
| | p.m. | | | | | | |
| 20 | a.m. | | | | | | |
| | p.m. | | | | | | |
| 21 | a.m. | | | | | | |
| | p.m. | | | | | | |
| 22 | a.m. | | | | | | |
| | p.m. | | | | | | |
| 23 | a.m. | | | | | | |
| | p.m. | | | | | | |
| 24 | a.m. | | | | | | |
| | p.m. | | | | | | |
| 25 | a.m. | | | | | | |
| | p.m. | | | | | | |
| 26 | a.m. | | | | | | |
| | p.m. | | | | | | |
| 27 | a.m. | | | | | | |
| | p.m. | | | | | | |
| 28 | a.m. | | | | | | |
| | p.m. | | | | | | |
| 29 | a.m. | | | | | | |
| | p.m. | | | | | | |
| 30 | a.m. | | | | | | |
| | p.m. | | | | | | |
| 31 | a.m. | | | | | | |
| | p.m. | | | | | | |

## Notes:

## Instructions

### Keep refrigerator in OK range.

2.0°C   8.0°C   OK

### Check temperatures twice a day.

1. Fill out month, year, refrigerator ID
2. Record the time and your initials.
3. Record a check if an alarm went off.
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☐ Month/year/fridge ID are recorded.
☐ Temperatures were recorded twice daily.
☐ I reviewed data files for all the days on this log to find any missed excursions.
   Date downloaded: ____/____/_____
☐ Any excursions were reported to the SFDPH IZ Program.
☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the SFDPH IZ Program.

On-Site Supervisor's Name:

_____

Signature:_____

Date: ____/____/_____

Staff Names and Initials:

_____

_____