Refrigerator Temperature Log

Month/Year_____ Storage Unit_____ Provider _____VFC#_____

Routine Temperature Monitoring:

Required

- Record time of day and initials of staff recording temperatures
- Check and record alarm status (Y or N)
- **Each Morning:** Record the minimum and maximum temperatures by putting an "M" next to the appropriate temperatures for that day.
- Temperature logs must be reviewed and signed before archiving.

Optional

- **Each Evening:** Record the minimum and maximum temperatures.

Out-of-Range Response:

If temperatures (other than defrost cycles) are in the shaded zone or the data logger light is in alarm:

- Quarantine vaccine, label DO NOT USE, and store under proper temperatures, if possible.
- Download data logger data, if possible.
- Contact the Immunization Program by going to www.immunization.mt.gov and clicking on "**Vaccine Incident Report**."
- Questions? 444-5580 hhsiz@mt.gov.

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
Staff Initials																														
Alarm Status																														
≥49°			DO NOT USE vaccine that has been stored at these temperatures (shaded grey). See instructions at top of page.																											
48°																														
(C) 47°																														
8° 46°																														
45°																														
7° 44°																														
43°																														
6° 42°																														
41°																														
5° 40°																														
39°																														
4° 38°																														
37°																														
3° 36°																														
2°																														
35°																														
34°			DO NOT USE vaccine that has been stored at these temperatures (shaded grey). See instructions at top of page.																											
33°																														
≤32°																														

Refrigerator (F)

Montana Immunization Program

Refrigerator Temperature Log

Month/Year_____ Storage Unit_____ Provider _____VFC#_____

Routine Temperature Monitoring:

Required

- Record time of day and initials of staff recording temperatures
- Check and record alarm status (Y or N)
- **Each Morning:** Record the minimum and maximum temperatures by putting an "M" next to the appropriate temperatures for that day.
- Temperature logs must be reviewed and signed before archiving.

Optional

- **Each Evening:** Record the minimum and maximum temperatures.

Out-of-Range Response:

If temperatures (other than defrost cycles) are in the shaded zone or the data logger light is in alarm:

- Quarantine vaccine, label DO NOT USE, and store under proper temperatures, if possible.
- Download data logger data, if possible.
- Contact the Immunization Program by going to www.immunization.mt.gov and clicking on "**Vaccine Incident Report**."
- Questions? 444-5580 hhsiz@mt.gov..

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
Staff Initials																																
Alarm Status																																
≥49°			DO NOT USE vaccine that has been stored at these temperatures (shaded grey). See instructions at top of page.																													
48°																																
(C) 47°																																
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7° 44°																																
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3° 38°																																
37°																																
2° 36°																																
35°																																
34°																																
33°			DO NOT USE vaccine that has been stored at these temperatures (shaded grey). See instructions at top of page.																													
≤32°																																

Refrigerator (F)

I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable Federal and state law, that I have reviewed this form, all information is accurate, and all issues have been reported and resolved.

VFC Vaccine Manager or Alternate Signature: _____ **Date:** _____

Vaccine Storage Unit Trouble-Shooting Log

Record issues with storage unit and actions taken in the table below. This is your record that you responded appropriately.

Date/Time	Description of Issue	Action Taken **For temperature excursions:** 1. Quarantine the vaccine 2. Label DO NOT USE 3. Store under proper temperatures, if possible 4. Submit Vaccine Incident Report	Outcome	Immunization Program Contact 1. Date of Vaccine Incident Report 2. Contact person.	Staff Initials