# Refrigerator Temperature Log (°F)

MONTH & YEAR	REFRIGERATOR LOCATION/ID	myCAvax ID	<b>VFC PIN</b>

Day	Time	Initials	Alarm	Current	Min	Max	myCAvax/ SHOTS ID
Exam-	8:00am	NN		40.5	38,1	43.7	
ple	4:00pm	NN	<b>/</b>	37.4	33,0	39.2	12345
1	am						
•	pm						
2	am						
	pm						
3	am						
	pm						
4	am						
	pm						
5	am						
	pm						
6	am						
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7	am						
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8	am				ļ 		
	pm						
9	am				ļ 		ļ
	pm						
10	am				 		ļ
	pm						
11	am						ļ
	pm						
12	am						
	pm						
13	am						<del> </del>
	pm						
14	am						
	pm						
15	am 						
	pm						

Keep all temperature logs and data files for three years.

### Instructions

## **Keep refrigerator in OK range:**



#### Check temperatures twice a day.

- 1. Fill out month, year, refrigerator ID, myCAvax ID and VFC PIN.
- 2. Record the time and your initials.
- 3. Record a check if an alarm went off.
- 4. Record Current, MIN, and MAX.
- 5. Clear MIN/MAX.
- 6. Ensure data logger is recording.

### **IF ALARM WENT OFF:**

- 1. Post "Do Not Use Vaccines" sign.
- 2. Alert your supervisor.
- Report excursion to myCAvax for BAP vaccine and to MyVFCvaccines.org for VFC vaccine. Follow instructions provided.
- 4. Record incident ID from myCAvax (BAP) and SHOTS (VFC).

### Supervisor's Review

Temperatures were recorded daily.  I reviewed data files for all ton this log to find any misse excursions.  Date downloaded:  Any excursions were report myCAvax (BAP) or SHOTS (Notes and that falsifying log is grounds for vaccine rement and termination from BAP/VFC programs.  On-Site Supervisor's Name:  Signature:  Date:		lonth/year/ corded.	'location	/ID/PIN are
on this log to find any misse excursions.  Date downloaded:  Any excursions were report myCAvax (BAP) or SHOTS (Note that the standard sta			s were r	ecorded tw
Any excursions were report myCAvax (BAP) or SHOTS (National Programs of the Market Supervisor's Name:  Any excursions were report myCAvax (BAP) or SHOTS (Name of the Market Supervisor's Name) or Signature:	_ o	n this log to		
myCAvax (BAP) or SHOTS (Note: 1987). The myCAvax (BAP) or SHOTS (Note: 1987).	D	ate downlo	oaded:	
log is grounds for vaccine rement and termination from BAP/VFC programs.  On-Site Supervisor's Name:  Signature:				
Signature:	lc m	g is ground ent and te	ds for va rminatio	cciné replac
	On-S	ite Supervi	sor's Nar	ne:
Date:	Signa	ature:		
	Date:	:		
Staff Names and Initials:	Staff	Names and	l Initials:	

Notes:

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MONTH & YEAR	REFRIGERATOR LOCATION/ID	myCAvax ID	<b>VFC PIN</b>

Day	Time	Initials	Alarm	Current	Min	Max	myCAvax/ SHOTS ID
16	am						
10	pm						
17	am						
17	pm						
18	am						
10	pm						
19	am						
19	pm						
20	am						
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21	am						
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22	am						
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26	am						
	pm						
27	am						
	pm						
28	am 				 	 	
	pm						
29	am 	 					
	pm						
30	am 						
	pm						
31	am 	 					
	pm						

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Notes:

### Instructions

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- 2. Alert your supervisor.
- 3. Report excursion to myCAvax for BAP vaccine and to MyVFCvaccines.org for VFC vaccine. Follow instructions provided.
- Record incident ID from myCAvax (BAP) and SHOTS (VFC).

### Supervisor's Review

	Month/year/location/ID/PIN 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 myCAvax (BAP) or SHOTS (VFC).
	We understand that falsifying this log is grounds for vaccine replacement and termination from the BAP/VFC programs.
Or	n-Site Supervisor's Name:
Sig	gnature:
Da	te:
Sta	aff Names and Initials: