# **Ultra Low Temperature Freezer Log**

(For Pfizer COVID-19 Vaccine from BAP & VFC programs)

MONTH & YEAR	FREEZER LOCATION/ID	myCAvax ID	VFC PIN

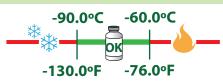
DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	myCAvax/ SHOTS ID
Example	8:00 a.m.	NN		-75.1C	-80.1C	-72.8C	
	4:00p.m.	NN	<b>/</b>	-65.2C	-78.3C	-58.8C	12345
1	a.m.						
L.	p.m.						
2	a.m.						
	p.m.						
3	a.m.						
	p.m.						
4	a.m.				 		
	p.m.						
5	a.m.						
	p.m.						
6	a.m.			 	 	 	
	p.m.						
7	a.m. 			 	 		
	p.m.						
8	a.m. 				 	 	
	p.m.						
9	a.m. 			 	 	 	
	p.m.						
10	a.m. 			 	 	 	
	p.m. a.m.						
11	p.m.						
	a.m.						
12	p.m.			l ·			
	a.m.						
13	p.m.			L	l		
	a.m.						
14	p.m.						
	a.m.						
15	p.m.						
	•			<u> </u>	<u> </u>	l	

Keep all temperature logs and data files for three years.

Notes:

### **Instructions**

### **Keep ULT freezer 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.
- 3. Report excursion to myCAvax for BAP vaccine and MyVFCvaccines for VFC vaccine.
- 4. Record incident ID from myCAvax (BAP) and SHOTS (VFC).

## Supervisor's Review

	hen log is complete, check all that ply:
	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:

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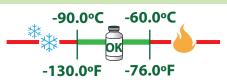
DAY OF MONTH	a.m.				myCAvax/ SHOTS ID
10		 L ]			
	p.m.				
17	a.m.	 	 		
",	p.m.				
18	a.m.	 	 		
	p.m.				
19	a.m.	 	 		
	p.m.				
20	a.m.	 	 		
	p.m.				
21	a.m.	 	 		
	p.m.				
22	a.m.	 	 		
	p.m.				
23	a.m.	 	 		
	p.m.				
24	a.m. 	 	 	 	
	p.m.				
25	a.m.	 	 		
	p.m. a.m.				
26	p.m.	 	 		
	a.m.				
27	p.m.	 	 		
	a.m.				
28	p.m.	 	 		
	a.m.				
29	p.m.	 	 		
20	a.m.				
30	p.m.	 	 		
24	a.m.				
31	p.m.	 	 	•	

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Date downloaded:
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We understand that falsifying this log is grounds for vaccine replace- ment and termination from the BAP/VFC programs.
On-Site Supervisor's Name:
Signature:
Date:
Staff Names and Initials: