

FACILITY SITE REVIEW

LOGS

**SAN FRANCISCO
HEALTH PLAN™**

Here for you

..... www.sfhp.org/providers/facility-site-review/

Facility Site Review Logs

A) Review Annually

- 1) Emergency contact Sheet- Print and post by the office phone
- 2) Cleaning Schedule
- 3) Emergency Contact List for internal use
- 4) Evidence of Staff Training Logs
 - Evidence of Staff Training #1
 - Evidence of Staff Training #2
 - Evidence of Staff Training #3
 - Evidence of Staff Training #4
 - Evidence of Staff Training #5
 - Evidence of Staff Training #6
 - Evidence of Staff Training #7
 - Evidence of Staff Training #8
 - Evidence of Staff Training #9
 - Evidence of Staff Training #10

B) Review Monthly

- 1) Emergency Medication Kit Log
- 2) Oxygen Tank PSI Log
- 3) Protocols checks Log
- 4) Sharp Injury Log
- 5) Medicine Cabinet Inventory Log
- 6) Autoclave maintenance and Run Log
- 7) Cold Chemical Sterilization Solution Log

C) Review Daily

- 1) January
 - Refrigerator Temperature Log*
 - Freezer Temperature Log*

2) February

Refrigerator Temperature Log

Freezer Temperature Log

3) March

Refrigerator Temperature Log

Freezer Temperature Log

4) April

Refrigerator Temperature Log

Freezer Temperature Log

5) May

Refrigerator Temperature Log

Freezer Temperature Log

6) June

Refrigerator Temperature Log

Freezer Temperature Log

7) July

Refrigerator Temperature Log

Freezer Temperature Log

8) August

Refrigerator Temperature Log

Freezer Temperature Log

9) September

Refrigerator Temperature Log

Freezer Temperature Log

10) October

Refrigerator Temperature Log

Freezer Temperature Log

11) November

Refrigerator Temperature Log

Freezer Temperature Log

12) December

Refrigerator Temperature Log

Freezer Temperature Log

13) Referral Log

EMERGENCY CONTACT SHEET

OFFICE NAME _____

OFFICE ADDRESS _____

FOR EMERGENCY SERVICES: DIAL 911

| | | | | |
|--|----------------------------|--------------------------|-------------------------------|------------------------------|
| POISON CONTROL 1-800-222-1222 | POLICE _____ | FIRE _____ | AMBULANCE _____ | HOSPITAL _____ |
|--|----------------------------|--------------------------|-------------------------------|------------------------------|

Emergency Numbers

HOSPITAL: _____

MD # _____

MD # _____

OFFICE MANAGER: _____

GAS LEAK/EMERGENCY: 911 and 1-800-743-500 _____

POWER OUTAGE#: 1-800-743-5000 _____

CLOSEST URGENT CARE: _____

FACILITIES: _____

Locations

FIRE EXTINGUISHERS: _____

FIRST AID BOX: _____

GAS ON/OFF VALVE: _____

WATER ON/OFF VALVE: _____

BREAKER PANEL: _____

FACILITY CLEANING SCHEDULE

Occurs Daily by:

Occurs Weekly by:

Solutions Used:

Includes: MON TUE WED THRU FRI SAT SUN

Process for cleaning the following:

Floors:

Exam Tables:

Restrooms :

Furniture :

Dusting entire office:

Other:

Exam Room/Patient Restroom (if in office) & Daily Cleaning

Solution Used:

End of Day by:

After Each Patient Use by:

Biohazardous Spill during Office Hours

Assigned Person: _____

Uses only the Personnel Protection Kit (Spill or Infection control kit) Places materials in Red Biohazard bag and places in the biohazard storage container.

DHCS Medical Emergency Response Guidelines for PCP Clinic

Emergency Contact List [Emergency contact list prominently placed or demonstrated online as easily accessible.]

YOUR CLINIC INFORMATION

| | |
|--------------------|--|
| Name of Office: | |
| Street Address: | |
| City, Postal Code: | |
| Telephone Number: | |
| Fax Number: | |
| Email: | |

OFFICE/NURSE MANAGER

| | | |
|-------|--------------------|----------------------|
| Name: | Primary Contact #: | Alternate Contact #: |
| | | |

EMERGENCY NUMBERS

| | | |
|-----------------|-------------------|-------------------|
| Fire Department | Police Department | Ambulance Service |
| | | |
| Hospital | Poison Control | Alarm Company |
| | | |
| | | |
| | | |
| | | |

Site Access/Safety Emergency phone number contacts are posted.

Local emergency response services, emergency contacts (e.g., responsible managers, supervisors), poison control; dated/updated annually.

EVIDENCE OF STAFF TRAINING

Employee's Name: _____ Date of Hire: _____

Employee's Position: _____ License Number: _____

Trainer or Learning Management System (LMS): _____

| Annual Trainings | | | | | | |
|------------------|---|---------------------------------------|----------------|--|--|--|
| | Topic | Brief description of training content | Training Dates | | | |
| | Infection Control & Universal Precautions | | | | | |
| | Blood Borne Pathogens Exposure Prevention | | | | | |
| | Biohazardous Waste Handling | | | | | |

| Trainings Upon Hire (and as needed) | | | |
|-------------------------------------|---|---------------------------------------|---------------|
| | Topic | Brief description of training content | Training Date |
| | Fire Safety & Prevention | | |
| | Non-Medical Emergency Procedures: natural disaster (e.g. earthquakes), workplace violence, etc. | | |
| | Medical Emergency Procedures & Action Plan | | |
| | Patient Confidentiality | | |
| | Informed Consent, including Human Sterilization | | |
| | Prior Authorization Requests | | |
| | Grievance/Complaint Procedure | | |
| | Child, Elder, Domestic Violence Abuse | | |
| | Sensitive Services/Minors' Rights | | |
| | Health Plan Referral Process/Procedures/Resources | | |
| | Cultural & Linguistics | | |
| | Disability Rights & Provider Obligations | | |

| Trainings as needed | | |
|---------------------|---|---------------|
| | Topic | Training Date |
| | Medication Administration Methods | |
| | Operation of Medical Equipment or Performance of Clinical Laboratory Procedures | |

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DHCS Medical Emergency Response Guidelines for PCP Clinic

EMERGENCY MEDICATION/ANAPHYLACTIC REACTION MANAGEMENT:

There is a current medication administration reference (e.g. medication dosage chart) available for readily identifying the correct medication dosages (e.g. adult, pediatric, infant, etc.). Package inserts are not acceptable as dosage charts. All emergency medications in the emergency kit/ crash cart must have dosage charts.

| Anaphylaxis Kit* | Stock | Lot # | Exp. Date | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|---|-------|-------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| A written emergency protocol for anaphylaxis treatment should be posted in a prominent place and rehearsed regularly. It should include drug dosages for adults, as well as telephone numbers and contact details for resuscitation team, emergency medical services, emergency department, etc. | | | | | | | | | | | | | | | |
| Epinephrine (Anaphylaxis) | | | | | | | | | | | | | | | |
| Anaphylaxis 1mg/mL | | | | | | | | | | | | | | | |
| (1) X 1 mL vial of injectable diphenhydramine (Benadryl) 50 mg/mL | | | | | | | | | | | | | | | |
| (2) X 1 tab of oral diphenhydramine (Benadryl) 25 mg (Oral) | | | | | | | | | | | | | | | |
| (3) X 1 mL syringes with <u>safety engineered needles</u> (ESIP). Suggest: Needle gauge: 25G, needle lengths: 3 x 1"; 3 x 5/8"; 3 x 1.5" | | | | | | | | | | | | | | | |
| Oxygen Delivery System – tank at least ¾ full | | | | | | | | | | | | | | | |
| Oxygen delivered 6-8 L/minute | | | | | | | | | | | | | | | |
| Oral Airways (various sizes) | | | | | | | | | | | | | | | |
| Nasal Cannula or Mask | | | | | | | | | | | | | | | |
| Ambu bag | | | | | | | | | | | | | | | |
| 1 Pocket mask | | | | | | | | | | | | | | | |
| 5 Alcohol swabs | | | | | | | | | | | | | | | |
| Other Emergency Medications | Stock | Lot # | Exp. Date | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| Asthma exacerbation, chest pain, hypoglycemia management per American Academy of Family Practice (AAFP) recommendations. | | | | | | | | | | | | | | | |
| Naloxone (Narcan®) | | | | | | | | | | | | | | | |
| Chewable aspirin | | | | | | | | | | | | | | | |
| Nitroglycerin spray/tablet | | | | | | | | | | | | | | | |
| Nebulizer or metered dose inhaler | | | | | | | | | | | | | | | |
| Glucose | | | | | | | | | | | | | | | |

Oxygen Tank Log

MONTHLY CHECK

Year:

| MONTH | PSI | Initials | MONTH | PSI | Initials |
|----------|-----|----------|-----------|-----|----------|
| January | | | July | | |
| February | | | August | | |
| March | | | September | | |
| April | | | October | | |
| May | | | November | | |
| June | | | December | | |

Year:

| MONTH | PSI | Initials | MONTH | PSI | Initials |
|----------|-----|----------|-----------|-----|----------|
| January | | | July | | |
| February | | | August | | |
| March | | | September | | |
| April | | | October | | |
| May | | | November | | |
| June | | | December | | |

Protocol Mock Training and Verification

CLINIC _____ YEAR _____

| | Anaphylaxis Management | | | Asthma Exacerbation | | | Chest Pain | | | Hypoglycemia Management | | | Opioid Overdose Management | | |
|--------------------------------|------------------------|---------------------|--|---------------------|---------------------|--|---------------------|---------------------|--|-------------------------|---------------------|--|----------------------------|---------------------|--|
| | Annual Verification | Staff Mock Training | | Annual Verification | Staff Mock Training | | Annual Verification | Staff Mock Training | | Annual Verification | Staff Mock Training | | Annual Verification | Staff Mock Training | |
| Written protocol for treatment | | Jan | | | Jan | | | Jan | | | Jan | | | Jan | |
| Protocol prominently placed | | Feb | | | Feb | | | Feb | | | Feb | | | Feb | |
| Adult drug dosage chart | | Mar | | | Mar | | | Mar | | | Mar | | | Mar | |
| Pediatric drug dosage chart | | Apr | | | Apr | | | Apr | | | Apr | | | Apr | |
| | | May | | | May | | | May | | | May | | | May | |
| | | Jun | | | Jun | | | Jun | | | Jun | | | Jun | |
| | | Jul | | | Jul | | | Jul | | | Jul | | | Jul | |
| | | Aug | | | Aug | | | Aug | | | Aug | | | Aug | |
| | | Sep | | | Sep | | | Sep | | | Sep | | | Sep | |
| | | Oct | | | Oct | | | Oct | | | Oct | | | Oct | |
| | | Nov | | | Nov | | | Nov | | | Nov | | | Nov | |
| | | Dec | | | Dec | | | Dec | | | Dec | | | Dec | |

Instructions: Each year and as indicated, date and initial that the criteria are current and in practice. According to best practices, date and initial the regular occurrences of mock training with staff.

SHARPS INJURY LOG

MONTHLY CHECK

Year:

| MONTH | Injuries | Initials | MONTH | Injuries | Initials |
|----------|----------|----------|-----------|----------|----------|
| January | | | July | | |
| February | | | August | | |
| March | | | September | | |
| April | | | October | | |
| May | | | November | | |
| June | | | December | | |

Year:

| MONTH | Injuries | Initials | MONTH | Injuries | Initials |
|----------|----------|----------|-----------|----------|----------|
| January | | | July | | |
| February | | | August | | |
| March | | | September | | |
| April | | | October | | |
| May | | | November | | |
| June | | | December | | |

Monthly Medicine Cabinet Inventory: __/__/20__

| Medication | Staff Initials | Date Entered | Manufacturer | Lot# | Expiration Date |
|------------|-------------------|-----------------|--------------|------|--------------------|
| | | | | | |
| | | | | | |
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Autoclave Maintenance and Run Log Year

[illegible]

Sterility is EVENT related, not time related; Pack is considered sterile unless an event causes contamination (example: punctured, torn, cracked packs= unsterile; evidence of water damage or yellowed packs= unsterile) Have Process to routine evaluation of sterile packs.

Log Process: Write date and Load # on Pack (if more than 1 load is run in the same day, write date and load #1 and then date and load #2 etc)

[illegible]

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[illegible]

Name of Solution _____

[illegible]

Refrigerator Temperature Log

| | | |
|--------------|--------------------------|---------|
| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
| January | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-----|-----|----------|
| Example | 8:00 a.m. | NN | | 4.3 | 2.4 | 5.7 | |
| | 4:00 p.m. | NN | ✓ | 7.6 | 4.0 | 9.1 | 12345 |
| 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, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

IMM-1127 Page 1 (12/17)

Refrigerator Temperature Log

| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
|--------------|--------------------------|---------|
| January | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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.



Check temperatures twice a day.

1. Fill out month, year, refrigerator ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____

C° Freezer Temperature Log

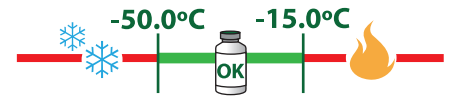
| | | |
|--------------|---------------------|---------|
| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
| January | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-------|-------|----------|
| Example | 8:00 a.m. | NN | | -26.1 | -29.1 | -23.8 | |
| | 4:00 p.m. | NN | ✓ | -23.6 | -26.2 | -14.3 | 12345 |
| 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 freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



CALIFORNIA 1-877-243-8832

Keep all VFC temperature logs and data files for three years.

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C° Freezer Temperature Log

| | | |
|--------------|---------------------|---------|
| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
| January | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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: _____

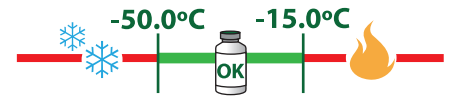


1-877-243-8832

Keep all VFC temperature logs and data files for three years.

Instructions

Keep freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____

C° Refrigerator Temperature Log

| | | |
|--------------|--------------------------|---------|
| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
| February | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-----|-----|----------|
| Example | 8:00 a.m. | NN | | 4.3 | 2.4 | 5.7 | |
| | 4:00 p.m. | NN | ✓ | 7.6 | 4.0 | 9.1 | 12345 |
| 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, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

IMM-1127 Page 1 (12/17)

Refrigerator Temperature Log

| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
|--------------|--------------------------|---------|
| February | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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.



Check temperatures twice a day.

1. Fill out month, year, refrigerator ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

IMM-1127 Page 2 (12/17)

C° Freezer Temperature Log

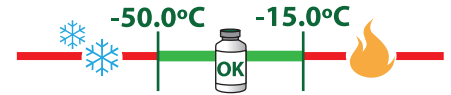
| | | |
|--------------|---------------------|---------|
| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
| February | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-------|-------|----------|
| Example | 8:00 a.m. | NN | | -26.1 | -29.1 | -23.8 | |
| | 4:00 p.m. | NN | ✓ | -23.6 | -26.2 | -14.3 | 12345 |
| 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 freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



CALIFORNIA 1-877-243-8832

Keep all VFC temperature logs and data files for three years.

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C° Freezer Temperature Log

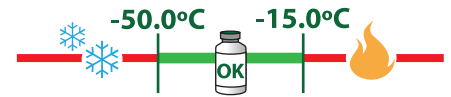
| | | |
|--------------|---------------------|---------|
| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
| February | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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 freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

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Refrigerator Temperature Log

| | | |
|--------------|--------------------------|---------|
| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
| March | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-----|-----|----------|
| Example | 8:00 a.m. | NN | | 4.3 | 2.4 | 5.7 | |
| | 4:00 p.m. | NN | ✓ | 7.6 | 4.0 | 9.1 | 12345 |
| 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, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

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Refrigerator Temperature Log

| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
|--------------|--------------------------|---------|
| March | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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.



Check temperatures twice a day.

1. Fill out month, year, refrigerator ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____

C° Freezer Temperature Log

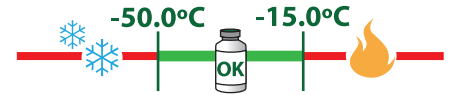
| | | |
|--------------|---------------------|---------|
| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
| March | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-------|-------|----------|
| Example | 8:00 a.m. | NN | | -26.1 | -29.1 | -23.8 | |
| | 4:00 p.m. | NN | ✓ | -23.6 | -26.2 | -14.3 | 12345 |
| 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 freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



CALIFORNIA 1-877-243-8832

Keep all VFC temperature logs and data files for three years.

IMM-1128 Page 1 (12/17)

C° Freezer Temperature Log

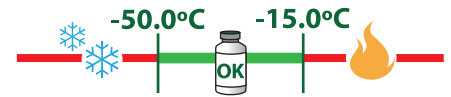
| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
|--------------|---------------------|---------|
| March | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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 freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

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C° Refrigerator Temperature Log

| | | |
|--------------|--------------------------|---------|
| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
| April | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-----|-----|----------|
| Example | 8:00 a.m. | NN | | 4.3 | 2.4 | 5.7 | |
| | 4:00 p.m. | NN | ✓ | 7.6 | 4.0 | 9.1 | 12345 |
| 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, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

IMM-1127 Page 1 (12/17)

Refrigerator Temperature Log

| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
|--------------|--------------------------|---------|
| April | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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.



Check temperatures twice a day.

1. Fill out month, year, refrigerator ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____

Freezer Temperature Log

| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
|--------------|---------------------|---------|
| April | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-------|-------|----------|
| Example | 8:00 a.m. | NN | | -26.1 | -29.1 | -23.8 | |
| | 4:00 p.m. | NN | ✓ | -23.6 | -26.2 | -14.3 | 12345 |
| 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 freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



C° Freezer Temperature Log

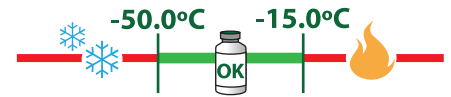
| | | |
|--------------|---------------------|---------|
| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
| April | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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 freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

IMM-1128 Page 2 (12/17)

C° Refrigerator Temperature Log

| | | |
|--------------|--------------------------|---------|
| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
| May | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-----|-----|----------|
| Example | 8:00 a.m. | NN | | 4.3 | 2.4 | 5.7 | |
| | 4:00 p.m. | NN | ✓ | 7.6 | 4.0 | 9.1 | 12345 |
| 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, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

IMM-1127 Page 1 (12/17)

Refrigerator Temperature Log

| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
|--------------|--------------------------|---------|
| May | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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.



Check temperatures twice a day.

1. Fill out month, year, refrigerator ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____

C° Freezer Temperature Log

| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
|--------------|---------------------|---------|
| May | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-------|-------|----------|
| Example | 8:00 a.m. | NN | | -26.1 | -29.1 | -23.8 | |
| | 4:00 p.m. | NN | ✓ | -23.6 | -26.2 | -14.3 | 12345 |
| 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 freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

IMM-1128 Page 1 (12/17)

C° Freezer Temperature Log

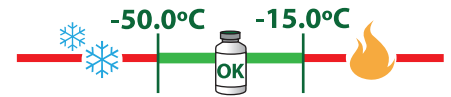
| | | |
|--------------|---------------------|---------|
| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
| May | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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 freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

IMM-1128 Page 2 (12/17)

C° Refrigerator Temperature Log

| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
|--------------|--------------------------|---------|
| June | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-----|-----|----------|
| Example | 8:00 a.m. | NN | | 4.3 | 2.4 | 5.7 | |
| | 4:00 p.m. | NN | ✓ | 7.6 | 4.0 | 9.1 | 12345 |
| 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, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

IMM-1127 Page 1 (12/17)

Refrigerator Temperature Log

| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
|--------------|--------------------------|---------|
| June | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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.



Check temperatures twice a day.

1. Fill out month, year, refrigerator ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____

C° Freezer Temperature Log

| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
|--------------|---------------------|---------|
| June | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-------|-------|----------|
| Example | 8:00 a.m. | NN | | -26.1 | -29.1 | -23.8 | |
| | 4:00 p.m. | NN | ✓ | -23.6 | -26.2 | -14.3 | 12345 |
| 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 freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

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C° Freezer Temperature Log

| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
|--------------|---------------------|---------|
| June | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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: _____

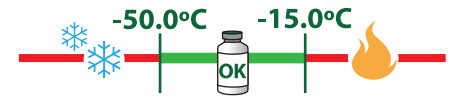


1-877-243-8832

Keep all VFC temperature logs and data files for three years.

Instructions

Keep freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____

C° Refrigerator Temperature Log

| | | |
|--------------|--------------------------|---------|
| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
| July | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-----|-----|----------|
| Example | 8:00 a.m. | NN | | 4.3 | 2.4 | 5.7 | |
| | 4:00 p.m. | NN | ✓ | 7.6 | 4.0 | 9.1 | 12345 |
| 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, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

IMM-1127 Page 1 (12/17)

Refrigerator Temperature Log

| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
|--------------|--------------------------|---------|
| July | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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.



Check temperatures twice a day.

1. Fill out month, year, refrigerator ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____

C° Freezer Temperature Log

| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
|--------------|---------------------|---------|
| July | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-------|-------|----------|
| Example | 8:00 a.m. | NN | | -26.1 | -29.1 | -23.8 | |
| | 4:00 p.m. | NN | ✓ | -23.6 | -26.2 | -14.3 | 12345 |
| 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 freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



C° Freezer Temperature Log

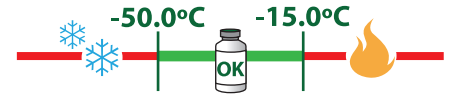
| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
|--------------|---------------------|---------|
| July | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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 freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

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C° Refrigerator Temperature Log

| | | |
|------------------------|--------------------------|---------|
| MONTH & YEAR August | REFRIGERATOR LOCATION/ID | VFC PIN |
|------------------------|--------------------------|---------|

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|--------------|----------|-------|---------|-----|-----|----------|
| Example | 8:00 a.m. | NN | | 4.3 | 2.4 | 5.7 | |
| | 4:00 p.m. | NN | ✓ | 7.6 | 4.0 | 9.1 | 12345 |
| 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, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

IMM-1127 Page 1 (12/17)

Refrigerator Temperature Log

| | | |
|-------------------------|---------------------------------|----------------|
| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
| August | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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.



Check temperatures twice a day.

1. Fill out month, year, refrigerator ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____

C° Freezer Temperature Log

| | | |
|--------------|---------------------|---------|
| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
| August | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-------|-------|----------|
| Example | 8:00 a.m. | NN | | -26.1 | -29.1 | -23.8 | |
| | 4:00 p.m. | NN | ✓ | -23.6 | -26.2 | -14.3 | 12345 |
| 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 freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



C° Freezer Temperature Log

| | | |
|--------------|---------------------|---------|
| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
| August | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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: _____

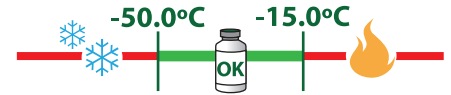


CALIFORNIA 1-877-243-8832

Keep all VFC temperature logs and data files for three years.

Instructions

Keep freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____

C° Refrigerator Temperature Log

| | | |
|--------------|--------------------------|---------|
| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
| September | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-----|-----|----------|
| Example | 8:00 a.m. | NN | | 4.3 | 2.4 | 5.7 | |
| | 4:00 p.m. | NN | ✓ | 7.6 | 4.0 | 9.1 | 12345 |
| 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, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

IMM-1127 Page 1 (12/17)

Refrigerator Temperature Log

| | | |
|-------------------------|---------------------------------|----------------|
| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
| September | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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.



Check temperatures twice a day.

1. Fill out month, year, refrigerator ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____

C° Freezer Temperature Log

| | | |
|-------------------------|----------------------------|----------------|
| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
| September | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-------|-------|----------|
| Example | 8:00 a.m. | NN | | -26.1 | -29.1 | -23.8 | |
| | 4:00 p.m. | NN | ✓ | -23.6 | -26.2 | -14.3 | 12345 |
| 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 freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

IMM-1128 Page 1 (12/17)

C° Freezer Temperature Log

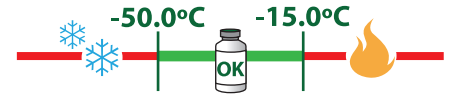
| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
|--------------|---------------------|---------|
| September | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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 freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

IMM-1128 Page 2 (12/17)

C° Refrigerator Temperature Log

| | | |
|--------------|--------------------------|---------|
| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
| October | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-----|-----|----------|
| Example | 8:00 a.m. | NN | | 4.3 | 2.4 | 5.7 | |
| | 4:00 p.m. | NN | ✓ | 7.6 | 4.0 | 9.1 | 12345 |
| 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, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

IMM-1127 Page 1 (12/17)

Refrigerator Temperature Log

| | | |
|-------------------------|---------------------------------|----------------|
| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
| October | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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.



Check temperatures twice a day.

1. Fill out month, year, refrigerator ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____

C° Freezer Temperature Log

| | | |
|-------------------------|----------------------------|----------------|
| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
| October | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-------|-------|----------|
| Example | 8:00 a.m. | NN | | -26.1 | -29.1 | -23.8 | |
| | 4:00 p.m. | NN | ✓ | -23.6 | -26.2 | -14.3 | 12345 |
| 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 freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



C° Freezer Temperature Log

| | | |
|--------------|---------------------|---------|
| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
| October | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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: _____

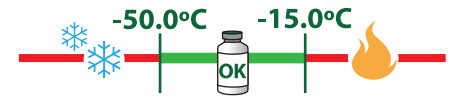


1-877-243-8832

Keep all VFC temperature logs and data files for three years.

Instructions

Keep freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____

C° Refrigerator Temperature Log

| | | |
|--------------|--------------------------|---------|
| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
| November | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-----|-----|----------|
| Example | 8:00 a.m. | NN | | 4.3 | 2.4 | 5.7 | |
| | 4:00 p.m. | NN | ✓ | 7.6 | 4.0 | 9.1 | 12345 |
| 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, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

IMM-1127 Page 1 (12/17)

Refrigerator Temperature Log

| | | |
|-------------------------|---------------------------------|----------------|
| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
| November | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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.



Check temperatures twice a day.

1. Fill out month, year, refrigerator ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____

C° Freezer Temperature Log

| | | |
|-------------------------|----------------------------|----------------|
| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
| November | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-------|-------|----------|
| Example | 8:00 a.m. | NN | | -26.1 | -29.1 | -23.8 | |
| | 4:00 p.m. | NN | ✓ | -23.6 | -26.2 | -14.3 | 12345 |
| 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 freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

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C° Freezer Temperature Log

| | | |
|--------------|---------------------|---------|
| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
| November | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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: _____

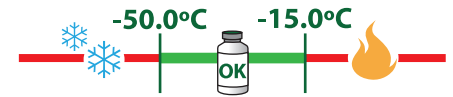


1-877-243-8832

Keep all VFC temperature logs and data files for three years.

Instructions

Keep freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____

C° Refrigerator Temperature Log

| | | |
|--------------|--------------------------|---------|
| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
| December | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-----|-----|----------|
| Example | 8:00 a.m. | NN | | 4.3 | 2.4 | 5.7 | |
| | 4:00 p.m. | NN | ✓ | 7.6 | 4.0 | 9.1 | 12345 |
| 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, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

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Refrigerator Temperature Log

| MONTH & YEAR | REFRIGERATOR LOCATION/ID | VFC PIN |
|--------------|--------------------------|---------|
| December | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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.



Check temperatures twice a day.

1. Fill out month, year, refrigerator ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/fridge 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 SHOTS at MyVFCvaccines.org.
 - ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____

C° Freezer Temperature Log

| | | |
|--------------|---------------------|---------|
| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
| December | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|-----------|----------|-------|---------|-------|-------|----------|
| Example | 8:00 a.m. | NN | | -26.1 | -29.1 | -23.8 | |
| | 4:00 p.m. | NN | ✓ | -23.6 | -26.2 | -14.3 | 12345 |
| 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 freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____



1-877-243-8832

Keep all VFC temperature logs and data files for three years.

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C° Freezer Temperature Log

| | | |
|--------------|---------------------|---------|
| MONTH & YEAR | FREEZER LOCATION/ID | VFC PIN |
| December | | |

| DAY OF MONTH | TIME | INITIALS | ALARM | CURRENT | MIN | MAX | SHOTS ID |
|--------------|------|----------|-------|---------|-----|-----|----------|
| 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: _____

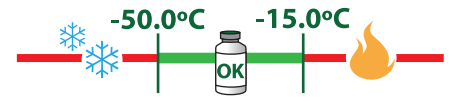


1-877-243-8832

Keep all VFC temperature logs and data files for three years.

Instructions

Keep freezer in OK range.



Check temperatures twice a day.

1. Fill out month, year, freezer ID, and PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.

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 SHOTS at MyVFCvaccines.org.
5. Record assigned SHOTS ID.
6. Ensure data logger is in place and recording.



Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/freezer 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 SHOTS at MyVFCvaccines.org.
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.

On-Site Supervisor's Name: _____

Signature: _____

Date: ____/____/____

Staff Names and Initials: _____

[illegible]