# FACILITY SITE REVIEW

LOGS



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

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Evidence of Staff Training #1
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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	POLICE	FIRE	AMBULANCE	HOSPITAL
1-800-222-1222				

# **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 Dail	ly by:						
Occurs Wee	ekly by:						
Solutions U	sed:						
Includes:	MON	TUE	WED	THRU	FRI	SAT	SUN
Process for	cleaning the	e following:					
Floors:							
Exam Table	es:						
Restrooms	:						
Furniture :							
Dusting ent	ire office:						
Other:							
Exam Room/Patient Restroom (if in office) & Daily Cleaning							
Solution Used:							
End of Day b	End of Day by:						
After Each Patient Use by:							
Biohazardous Spill during Office Hours							
Assigned Pe	rson:						

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.

Е	Employee's Name:	Date of Hire:			
E	mployee's Position:	License Number:			
	rainer or Learning Management System (LMS):				
	Annual Trainings				
	Topic	Brief description of training content	Trainir	ng Dates	<u> </u>
	Infection Control & Universal Precautions			<b>J</b>	
	Blood Borne Pathogens Exposure Prevention				
	Biohazardous Waste Handling				
	Trainings Upon Hire (and as needed)				
	Topic	Brief description of training content		Train Dat	_
	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	Brief description of training content		Train Dat	
	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/ANAPHYLACTICE 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	ОСТ	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	ОСТ	NOV	DEC
Asthma exacerbation, chest pair	ղ, hypog	lycemia	manage	ement po	er Amer	ican Aca	ademy o	f Family	Practic	e (AAFP	) recom	mendat	ions.		
Naloxone ( Narcan®)															
Chewable aspirin															
Nitroglycerin spray/tablet															
Nebulizer or metered dose inhaler															
Glucose															

# Oxygen Tank Log MONTHY 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		Mock ining	Annual Verification		Mock ining	Annual Verification	Staff Trai	Mock ning	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**

# **MONTHY 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		

Monthl	y Medi	cine Cak	oinet Invento	ry:	/20
Medication	Staff Initials	Date Entered	Manufacturer	Lot#	Expiration Date

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Monthly												
Spore												
Spore Testing												
Results												
Monthly												
Cleaning												
Annual												
Calibration												

Sterility is EVENT related, not time related; Pack is considers 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)

Date	Time	Load#	Item(s)	Temperature(250-254 Degrees)	Steam Pressure (15-17 psi)	Duration of Run (30 Minutes)	Person Responsible
					(10 17 psi)	14111140005)	
							·

Sterility is EVENT related, not time related; Pack is considers 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)

Date	Time	Load#	Item(s)	Temperature(250-254 Degrees)	Steam Pressure (15-17 psi)	Duration of Run (30 Minutes)	Person Responsible

# Cold Chemical Sterilization Solution Log Sheet Name of Solution

Date Solution was changed	Date Solution Test Strip(according to manufacturer's directions)	Test results (+) Pass/ ( - ) Fail Circle one	Test By: Initials
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
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# **C** Refrigerator Temperature Log

MONTH & YEAR	REFRIGERATOR LOCATION/ID	VFC PIN
January		

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
Example	<b>8:00</b> a.m.	NN		4.3	2.4	5.7	
Example	4:00p.m.	NN	<b>'</b>	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. a.m.						
9	p.m.						
	a.m.						
10	p.m.				l		
	a.m.						
11	p.m.						
	a.m.						
12	p.m.						
	a.m.						
13	p.m.						
4.4	a.m.						
14	p.m.				+		
15	a.m.						
15	p.m.						

#### 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

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:

Notes:

# **C** Refrigerator Temperature Log

MONTH & YEAR	REFRIGERATOR LOCATION/ID	VFC PIN
January		

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
	a.m.				-11		
16	p.m.						
17	a.m.					li	
17	p.m.						
18	a.m.						
10	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. a.m.				2		
24	p.m.						
	a.m.					-	
25	p.m.						
26	a.m.					-14	
26	p.m.						
27	a.m.						
	p.m.						
28	a.m.						
	p.m.	P:			10		
29	a.m.						
	p.m.	6					
30	a.m.		,				
	p.m.						
31	a.m.						
	p.m.						

#### **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.
<ul> <li>I reviewed data files for all the days on this log to find any missed excursions.</li> </ul>
Date downloaded://
<ul> <li>Any excursions were reported to SHOTS at MyVFCvaccines.org.</li> </ul>
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:



Notes:



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	
	4:00p.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. a.m.						
9	p.m.						
	a.m.						
10	p.m.						
	a.m.						
11	p.m.						
	a.m.						
12	p.m.						
12	a.m.						
13	p.m.						
1 /	a.m.						
14	p.m.						
15	a.m.						
15	p.m.						

#### 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

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:

Notes: \_



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.						

#### Instructions

#### Keep freezer in OK range.



#### Check temperatures twice a day.

- 1. Fill out month, year, freezer ID, and
- 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:

Notes: \_

# **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	
Lxumpic	<b>4:00</b> p.m.	NN	<b>V</b>	7.6	4.0	9.1	12345
1	a.m.						
<u> </u>	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. a.m.						
8	p.m.						
	a.m.						
9	p.m.						
	a.m.						
10	p.m.						
	a.m.						
11	p.m.						
12	a.m.						
12	p.m.						]]
12	a.m.						
13	p.m.						
14	a.m.						
'4	p.m.						
15	a.m.						
	p.m.						

#### 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

Wh	en 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:
Sigr	nature:
Dat	:e:/
Staf	f Names and Initials:
	_



Notes:

# **C** Refrigerator Temperature Log

MONTH & YEAR	REFRIGERATOR LOCATION/ID	VFC PIN
February		

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
	a.m.						
16	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.	<u> </u>					
26	a.m.						
	p.m.						
27	a.m.						
	p.m.						
28	a.m.						<del> </del>
	p.m. a.m.				- 12		
29	p.m.						
	a.m.	5					
30	p.m.						
	a.m.				ō		
31	p.m.						<del></del>
	P.111.						

#### 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.
<ul> <li>I reviewed data files for all the days on this log to find any missed excursions.</li> </ul>
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:
*
- <del></del>



Notes:



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	
	<b>4:00</b> p.m.	NN	<b>'</b>	-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.						

#### 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

Supervisor's Review
When log is complete, check all that apply:
<ul> <li>Month/year/freezer ID/PIN are recorded.</li> <li>Temperatures were recorded twice daily.</li> <li>I reviewed data files for all the days on this log to find any missed excursions.</li> </ul>
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:



Notes: \_



MONTH & YEAR	FREEZER LOCATION/ID	VFC PIN
February		

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
	a.m.						
16	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. a.m.						
23	p.m.			 	 		
	a.m.						
24	p.m.			<u> </u>			
	a.m.						
25	p.m.						
26	a.m.						
26	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.						

#### 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

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:

Notes: \_

# **C** 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	
	4:00p.m.	NN	<b>V</b>	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.						

#### 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

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:



Notes:

# **C** 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.						
10	p.m.						
17	a.m.						
'/	p.m.			100000000000000000000000000000000000000			
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.				7		
23	a.m.						
	p.m.						
24	a.m.						
	p.m.						
25	a.m.						
	p.m.	3					-
26	a.m.						
	p.m.						
27	a.m.  p.m.						
	a.m.	-			37		
28	p.m.						
	a.m.				13		
29	p.m.						
	a.m.	6:					
30	p.m.		,				1
	a.m.				7.		
31	p.m.						1
	·						

#### **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.
<ul> <li>I reviewed data files for all the days on this log to find any missed excursions.</li> </ul>
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:
*



Notes:



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	
Example	<b>4:00</b> 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.						
	a.m.						
12	p.m.						
	a.m.						
13	p.m.						
	a.m.						
14	p.m.						
	a.m.						
15	p.m.						
	1						

#### 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:

Notes: \_\_\_



MONTH & YEAR	FREEZER LOCATION/ID	VFC PIN
March		

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
16	a.m.						
10	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. a.m.						
31		 		 	 	 	
	p.m.						

#### 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

Supervisor's Review
When log is complete, check all that apply:
<ul> <li>Month/year/freezer ID/PIN are recorded.</li> <li>Temperatures were recorded twice daily.</li> <li>I reviewed data files for all the days on this log to find any missed excursions.</li> </ul>
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:



Notes: \_

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	
Lxumpic	<b>4:00</b> p.m.	NN	<b>V</b>	7.6	4.0	9.1	12345
1	a.m.						
<u> </u>	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. a.m.						
8	p.m.						
	a.m.						
9	p.m.						
	a.m.						
10	p.m.						
	a.m.						
11	p.m.						
12	a.m.						
12	p.m.						]]
12	a.m.						
13	p.m.						
14	a.m.						
'4	p.m.						
15	a.m.						
	p.m.						

#### 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.
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- 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

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:

MONTH & YEAR	REFRIGERATOR LOCATION/ID	VFC PIN
April		

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
	a.m.						
16	p.m.						
17	a.m.						
17	p.m.						
18	a.m.						
10	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.				7.		
28	a.m.  p.m.						
	a.m.	,			- 10		
29	p.m.						
	a.m.	<del>5.</del>			75		-
30	p.m.						
	a.m.						
31	p.m.					>	<del></del>
	,						1

#### 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.
<ul> <li>I reviewed data files for all the days on this log to find any missed excursions.</li> </ul>
Date downloaded:///
<ul><li>Any excursions were reported to SHOTS at MyVFCvaccines.org.</li></ul>
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:
*



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	
	4:00p.m.	NN	<b>'</b>	-23.6	-26.2	-14.3	12345
1	a.m.						
	p.m.	L 7.					
2	a.m.						
	p.m.	·			7		
3	a.m.  p.m.						
	a.m.						
4	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. a.m.	7.	-				
12	p.m.						
	a.m.				10		
13	p.m.						
14	a.m.						
14	p.m.						
15	a.m.						
	p.m.						

# 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.
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- 5. Record assigned SHOTS ID.
- 6. Ensure data logger is in place and recording.



# Supervisor's Review

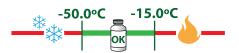
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On-Site Supervisor's Name:
Signature:
Date:/
Staff Names and Initials:
<del></del> -



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.						

# 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.
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#### **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

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:

MONTH & YEAR	REFRIGERATOR LOCATION/ID	VFC PIN
May		

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
Example	<b>8:00</b> a.m.	NN		4.3	2.4	5.7	
Example	<b>4:00</b> p.m.	NN	<b>V</b>	7.6	4.0	9,1	12345
1	a.m.						
•	p.m.						
2	a.m.					ļ 	
	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.						
	a.m.						
10	p.m.						
	a.m.						
11	p.m.						
	a.m.						
12	p.m.						
	a.m.						
13	p.m.						1
4.4	a.m.						
14	p.m.					†	
1.	a.m.						
15	p.m.						

#### 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.
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- 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

Supervisor's Review
When log is complete, check all that apply:
Month/year/fridge ID/PIN are recorded.
Temperatures were recorded twice daily.
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Date downloaded://
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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:

MONTH & YEAR	REFRIGERATOR LOCATION/ID	VFC PIN
May		

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
	a.m.						
16	p.m.						
17	a.m.						
17	p.m.						
18	a.m.						
10	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.				7.		
28	a.m.  p.m.						
	a.m.	,			- 10		
29	p.m.						
	a.m.	<del>5.</del>			75		-
30	p.m.						
	a.m.						
31	p.m.					>	<del></del>
	,						1

#### **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.
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# Supervisor's Review

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<ul> <li>I reviewed data files for all the days on this log to find any missed excursions.</li> </ul>
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:
- <del> </del>





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	
	4:00p.m.	NN	<b>'</b>	-23.6	-26.2	-14.3	12345
1	a.m.						
	p.m.	L 7.					
2	a.m.						
	p.m.	·			7		
3	a.m.  p.m.						
	a.m.						
4	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. a.m.	7.	-				
12	p.m.						
	a.m.				10		
13	p.m.						
14	a.m.						
14	p.m.						
15	a.m.						
	p.m.						

# 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:

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# Supervisor's Review

Supervisor's neview
When log is complete, check all that apply:
Month/year/freezer ID/PIN are recorded.
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On-Site Supervisor's Name:
Signature:
Date:/
Staff Names and Initials:
*

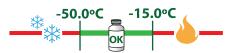


MONTH & YEAR	FREEZER LOCATION/ID	VFC PIN
May		

DAY OF MONTH         TIME         INIT           16				
p.m.  17 p.m.  18 p.m.  19 p.m.  20 p.m.  21 p.m.  22 p.m.				
17 p.m.  18 p.m.  19 p.m.  20 p.m.  21 p.m.  22 p.m.				
p.m.  18 p.m.  19 p.m.  20 p.m.  21 p.m.  22 p.m.				
18				
p.m.  19 p.m.  20 p.m.  21 p.m.  22 p.m.				
19				
p.m. 20 p.m. 21 p.m. 22 p.m.				
20	 			
p.m. a.m. p.m.  21 p.m.  22 p.m.	 			
21	 		. – – – – – – – –	
p.m. a.m. p.m.				
22				
p.m.			. – – – – – – – –	
23	 			
p.m.				
24	 			
p.m.				
25	 			
p.m.				
<b>26</b>	 			
p.m. a.m.				
<b>27</b>	 			
a.m.				
28	 			
a m.				
<b>29</b>	 			
a.m.				
30	 			
a.m.				
31	 	<del> </del>		

Notes: \_

### Keep freezer in OK range.



# Check temperatures twice a day.

- 1. Fill out month, year, freezer ID, and
- 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.
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- 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:
$\begin{tabular}{ll} \hline & Month/year/freezer ID/PIN are recorded. \\ \hline \end{tabular}$
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:

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	
Lxumpic	<b>4:00</b> p.m.	NN	<b>V</b>	7.6	4.0	9.1	12345
1	a.m.						
<u> </u>	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. a.m.						
8	p.m.						
	a.m.						
9	p.m.						
	a.m.						
10	p.m.						
	a.m.						
11	p.m.						
12	a.m.						
12	p.m.						]]
12	a.m.						
13	p.m.						
14	a.m.						
'4	p.m.						
15	a.m.						
	p.m.						

#### 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.
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On-Site Supervisor's Name:
Signature:
Date:/
Staff Names and Initials:

MONTH & YEAR	REFRIGERATOR LOCATION/ID	VFC PIN
June		

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
	a.m.				"		
16	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.		-				1
26	a.m.						
	p.m.						
27	a.m.						
	p.m. a.m.	7	-	-			
28	p.m.						
-	a.m.	g:					-
29	p.m.						
	a.m.	3			- 20		-
30	p.m.						
	a.m.				- 0		
31	p.m.					·	1
	<u> </u>						1

#### 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.

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# Supervisor's Review

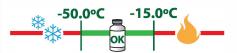
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On-Site Supervisor's Name:
Signature:
Date:/
Staff Names and Initials:
*
<del></del>



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	
	4:00p.m.	NN	<b>'</b>	-23,6	-26.2	-14.3	12345
1	a.m.						
•	p.m.					ir.	
2	a.m.						
	p.m.	,					
3	a.m.						
	p.m.				10		
4	a.m.  p.m.						
	a.m.					-	
5	p.m.						
_	a.m.						
6	p.m.						
7	a.m.						
	p.m.						
8	a.m.				·		
	p.m.					*	
9	a.m.				,		
	p.m. a.m.	S					
10	p.m.						
44	a.m.						
11	p.m.						
12	a.m.						
12	p.m.	, , , , , , , , , , , , , , , , , , ,			10		
13	a.m.						
	p.m.	H				- 3	
14	a.m.						
	p.m.						
15	a.m.  p.m.						
	p.m.						

# Keep freezer in OK range.



# Check temperatures twice a day.

- 1. Fill out month, year, freezer ID, and
- 2. Record the time and your initials.
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Supervisor's Review
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On-Site Supervisor's Name:
Signature:
Date:/
Staff Names and Initials:
**



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.						

### Keep freezer in OK range.



# Check temperatures twice a day.

- 1. Fill out month, year, freezer ID, and PIN.
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#### Supervisor's Review

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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:

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	
Lxumpic	<b>4:00</b> p.m.	NN	<b>V</b>	7.6	4.0	9.1	12345
1	a.m.						
<u> </u>	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. a.m.						
8	p.m.						
	a.m.						
9	p.m.						
	a.m.						
10	p.m.						
	a.m.						
11	p.m.						
12	a.m.						
12	p.m.						]]
12	a.m.						
13	p.m.						
14	a.m.						
'4	p.m.						
15	a.m.						
	p.m.						

#### 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:

MONTH & YEAR	REFRIGERATOR LOCATION/ID	VFC PIN
July		

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
	a.m.						
16	p.m.						
17	a.m.					· ·	
17	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. a.m.		-				
23	p.m.						
	a.m.						
24	p.m.						
25	a.m.					×	
25	p.m.						
26	a.m.						
	p.m.						
27	a.m.						
	p.m.						
28	a.m.						
	p.m.	n					
29	a.m.						
	p.m.	6:			-		
30	a.m. 		,	,			
_	a.m.				,		
31	p.m.					·	
	·						

#### **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.
<ul> <li>I reviewed data files for all the days on this log to find any missed excursions.</li> </ul>
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:
*
- <del></del> -
<u></u>





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	
	4:00p.m.	NN	<b>/</b>	-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.						

# 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

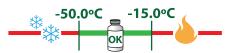
Supervisor's Review
When log is complete, check all that apply:
Month/year/freezer ID/PIN are recorded. Temperatures were recorded twice daily. I reviewed data files for all the days on
this log to find any missed excursions.  Date downloaded://
Any excursions were reported to SHOTS at MyVFCvaccines.org.
<ul> <li>We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.</li> </ul>
On-Site Supervisor's Name:
Signature:
Date:/
Staff Names and Initials:



MONTH & YEAR	FREEZER LOCATION/ID	VFC PIN
July		

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
	a.m.						
16	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.				. – – – – – – – -	·	
	a.m.						
27	p.m.					 	
	a.m.						
28	p.m.						
	a.m.						
29	p.m.						
	a.m.						
30	p.m.						
3.5	a.m.						
31	p.m.						
						1	

### 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:

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- 4. Report excursion to SHOTS at MyVFCvaccines.org.
- 5. Record assigned SHOTS ID.
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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:
l

MONTH & YEAR	REFRIGERATOR LOCATION/ID	VFC PIN
August		

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
Example	8:00 a.m.	NN		4.3	2.4	5.7	
	4:00p.m.	NN	<b>/</b>	7.6	4.0	9.1	12345
1	a.m.						
<u> </u>	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.						

#### 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.



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- 1. Clear MIN/MAX and alarm symbol.
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- 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

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:



MONTH & YEAR	REFRIGERATOR LOCATION/ID	VFC PIN
August		

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
16	a.m.						
10	p.m.						
17	a.m.						
'/	p.m.			100000000000000000000000000000000000000			
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.				7		
23	a.m.						
	p.m.						
24	a.m.						
	p.m.						
25	a.m.						
	p.m.	3					-
26	a.m.						
	p.m.						
27	a.m.  p.m.						
	a.m.	-			37		
28	p.m.						
	a.m.				13		
29	p.m.						
	a.m.	6:					
30	p.m.		,				1
	a.m.				7.		
31	p.m.						1
	·						

#### 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.

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

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- 3. Alert your supervisor.
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- 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.
<ul> <li>I reviewed data files for all the days on this log to find any missed excursions.</li> </ul>
Date downloaded://
<ul> <li>Any excursions were reported to SHOTS at MyVFCvaccines.org.</li> </ul>
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:
<u> </u>



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	
	4:00p.m.	NN	<b>'</b>	-23.6	-26.2	-14.3	12345
1	a.m.						
L.	p.m.						
2	a.m.					(	
	p.m.						)
3	a.m.						
	p.m.						
4	a.m.						
	p.m.					is in	
5	a.m.  p.m.						
	a.m.					3	
6	p.m.				, »	,	
	a.m.						
7	p.m.						
	a.m.						
8	p.m.			`			
9	a.m.						
9	p.m.						
10	a.m.						
10	p.m.				1		
11	a.m.						
L.,	p.m.				- 2		
12	a.m.						
	p.m.	g				*	
13	a.m.						
	p.m.	-			-		
14	a.m.						
	p.m.					i.	
15	a.m.						
	p.m.						

# 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.
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#### If no alarm:

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#### Supervisor's Review

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.
<ul> <li>We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.</li> </ul>
On-Site Supervisor's Name:
Signature:
Date:/
Staff Names and Initials:





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.						

# 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.
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#### If no alarm:

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- 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

Supervisor's Review
When log is complete, check all that apply:
this log to find any missed excursions.  Date downloaded://
<ul><li>Any excursions were reported to SHOTS at MyVFCvaccines.org.</li></ul>
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:

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	
Lxumpic	<b>4:00</b> p.m.	NN	<b>V</b>	7.6	4.0	9.1	12345
1	a.m.						
<u> </u>	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. a.m.						
8	p.m.						
	a.m.						
9	p.m.						
	a.m.						
10	p.m.						
	a.m.						
11	p.m.						
12	a.m.						
12	p.m.						]]
12	a.m.						
13	p.m.						
14	a.m.						
'4	p.m.						
15	a.m.						
	p.m.						

#### 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:**

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- 2. Post "Do Not Use Vaccines" sign.
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- 4. Report excursion to SHOTS at MyVFCvaccines.org.
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- 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.
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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:

MONTH & YEAR	REFRIGERATOR LOCATION/ID	VFC PIN
September		

DAY OF MONTH	TIME	INITIALS ALARI	M CURRENT	MIN	MAX	SHOTS ID
16	a.m.					
10	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. a.m.					
24	p.m.					
	a.m.					
25	p.m.					1
26	a.m.					
26	p.m.					1
27	a.m.					
	p.m.					
28	a.m.					
	p.m.					
29	a.m.					ļ
	p.m.					
30	a.m.					ļ
	p.m.					
31	a.m.					ļļ
	p.m.					

#### 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.
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# Supervisor's Review

When log is complete, check all that apply:				
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Temperatures were recorded twice daily.				
<ul> <li>I reviewed data files for all the days on this log to find any missed excursions.</li> </ul>				
Date downloaded://				
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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:				
<u> </u>				



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	
	4:00p.m.	NN	<b>'</b>	-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.						
	a.m.					-	·
9	p.m.					:	
	a.m.					<u> </u>	
10	p.m.						
	a.m.						
11	p.m.						
	a.m.				-70		
12	p.m.						
12	a.m.						
13	p.m.						
14	a.m.						
14	p.m.						
15	a.m.						
15	p.m.						

# 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.
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### Supervisor's Review

Supervisor's Review
When log is complete, check all that apply:
Month/year/freezer ID/PIN are recorded.
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On-Site Supervisor's Name:
Signature:
Date://
Staff Names and Initials:
*
I



MONTH & YEAR	FREEZER LOCATION/ID	VFC PIN
September		

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
	a.m.						
16	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. a.m.						
25	p.m.			 			
	a.m.						
26	p.m.						
	a.m.						
27	p.m.			l			
	a.m.						
28	p.m.						
20	a.m.						
29	p.m.						
20	a.m.						
30	p.m.						
31	a.m.						
31	p.m.						

### 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

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:

MONTH & YEAR	REFRIGERATOR LOCATION/ID	VFC PIN
October		

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
Example	<b>8:00</b> a.m.	NN		4.3	2.4	5.7	
LXample	<b>4:00</b> p.m.	NN	<b>/</b>	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.						

#### 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

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:



MONTH & YEAR	REFRIGERATOR LOCATION/ID	VFC PIN
October		

DAY OF MONTH	TIME	INITIALS ALARI	M CURRENT	MIN	MAX	SHOTS ID
16	a.m.					
10	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. a.m.					
24	p.m.					1
	a.m.					
25	p.m.					1
26	a.m.					
26	p.m.					1
27	a.m.					
	p.m.					
28	a.m.					
	p.m.					
29	a.m.					ļ
	p.m.					
30	a.m.					ļ
	p.m.					
31	a.m.					ļļ
	p.m.					

#### 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.
<ul> <li>I reviewed data files for all the days on this log to find any missed excursions.</li> </ul>
Date downloaded://
<ul> <li>Any excursions were reported to SHOTS at MyVFCvaccines.org.</li> </ul>
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:
<u> </u>



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	
	4:00p.m.	NN	<b>/</b>	-23,6	-26.2	-14.3	12345
1	a.m.						
	p.m.				11		
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.				0		
15	a.m.						
	p.m.						

# 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

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.
<ul> <li>We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.</li> </ul>
On-Site Supervisor's Name:
Signature:
Date:/
Staff Names and Initials:





MONTH & YEAR	FREEZER LOCATION/ID	VFC PIN
October		

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
16	a.m.						
10	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.						

# 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

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:



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	
	<b>4:00</b> p.m.	NN	<b>/</b>	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.	 					<del> </del>
	p.m.						

#### 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

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:



MONTH & YEAR	REFRIGERATOR LOCATION/ID	VFC PIN
November		

DAY OF MONTH	TIME	INITIALS ALARI	M CURRENT	MIN	MAX	SHOTS ID
16	a.m.					
10	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. a.m.					
24	p.m.					1
	a.m.					
25	p.m.					1
26	a.m.					
26	p.m.					1
27	a.m.					
	p.m.					
28	a.m.					
	p.m.					
29	a.m.					ļ
	p.m.					
30	a.m.					ļ
	p.m.					
31	a.m.					ļļ
	p.m.					

#### 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.
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# Supervisor's Review

When log is complete, check all that apply:
Month/year/fridge ID/PIN are recorded.
Temperatures were recorded twice daily.
<ul> <li>I reviewed data files for all the days on this log to find any missed excursions.</li> </ul>
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:
-





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	
	4:00p.m.	NN	<b>'</b>	-23,6	-26.2	-14.3	12345
1	a.m.						
L.	p.m.					7	
2	a.m.						
	p.m.				11		
3	a.m.						
	p.m.				*		
4	a.m.						
	p.m.						
5	a.m.						
	p.m.						
6	a.m. 				,		
	p.m.						
7	a.m.				3		
	p.m.						
8	a.m.						
	p.m. a.m.						
9	p.m.				,		<del>-</del>
	a.m.	-				<u> </u>	
10	p.m.						
	a.m.						
11	p.m.						
	a.m.	· ·			2	4.	
12	p.m.						
42	a.m.						
13	p.m.						
14	a.m.						
14	p.m.						
15	a.m.						
15	p.m.						

# 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

Supervisor's Review
When log is complete, check all that apply:
<ul> <li>☐ Month/year/freezer ID/PIN are recorded.</li> <li>☐ Temperatures were recorded twice daily.</li> <li>☐ I reviewed data files for all the days on</li> </ul>
this log to find any missed excursions.  Date downloaded:/
<ul><li>Any excursions were reported to SHOTS at MyVFCvaccines.org.</li></ul>
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:





MONTH & YEAR	FREEZER LOCATION/ID	VFC PIN
November		

DAY OF MONTH	TIME	INITIALS	ALARM	CURRENT	MIN	MAX	SHOTS ID
16	a.m.						
10	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.						

# 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

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:



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	
	<b>4:00</b> 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.						

#### 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

Supervisor's Review
When log is complete, check all that apply:
Month/year/fridge ID/PIN are recorded.
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I reviewed data files for all the days on this log to find any missed excursions.
Date downloaded://
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We understand that falsifying this log is grounds for vaccine replacement and termination from the VFC Program.
On-Site Supervisor's Name:
<u></u> .
Signature:
Date:/
Staff Names and Initials:

MONTH & YEAR	REFRIGERATOR LOCATION/ID	VFC PIN
December		

DAY OF MONTH	TIME	INITIALS ALARI	M CURRENT	MIN	MAX	SHOTS ID
16	a.m.					
10	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. a.m.					
24	p.m.					1
	a.m.					
25	p.m.					1
26	a.m.					
26	p.m.					1
27	a.m.					
	p.m.					
28	a.m.					
	p.m.					
29	a.m.					ļ
	p.m.					
30	a.m.					ļ
	p.m.					
31	a.m.					ļļ
	p.m.					

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

- 1. Clear MIN/MAX and alarm symbol.
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#### Supervisor's Review

When log is complete, check all that apply:
Month/year/fridge ID/PIN are recorded.
Temperatures were recorded twice daily.
<ul> <li>I reviewed data files for all the days on this log to find any missed excursions.</li> </ul>
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:
*
<del></del>



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	
ZXUIIIPIC	4:00p.m.	NN	<b>'</b>	-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.						
	a.m.						
6	p.m.				\		
	a.m.						
7	p.m.				k		
	a.m.						
8	p.m.						
9	a.m.						
	p.m.						
10	a.m.						
	p.m.						
11	a.m.						
	p.m.	g					
12	a.m.						
	p.m.	A					
13	a.m. 						
	p.m. a.m.	÷.					
14	p.m.						
	a.m.				,		
15	p.m.						

### Keep freezer in OK range.



#### Check temperatures twice a day.

- 1. Fill out month, year, freezer ID, and
- 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.
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### **IF ALARM WENT OFF:**

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- 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:
*



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.						

# 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

Supervisor's Review	
When log is complete, check all that apply	<b>/</b> :
Month/year/freezer ID/PIN are recorde	₽d.
Temperatures were recorded twice da	i <b>l</b> y.
I reviewed data files for all the days on this log to find any missed excursions.	
Date downloaded://	
Any excursions were reported to SHOT at MyVFCvaccines.org.	ΓS
We understand that falsifying this log grounds for vaccine replacement and termination from the VFC Program.	is
On-Site Supervisor's Name:	
Signature:	
Date:/	
Staff Names and Initials:	
	_
	—

# Referral Log

Referral Date	Patient's Name	D.O.B.	Provider Referred To	Specialty	Date of Appt	Date Consult Recv'd	7 Day Follow-up	30 Day Follow-up