Iowa Department of Public Health - Immunization Program
Vaccine Temperature Log - Celsius

Clinic Name:_____ VFC PIN:_____ Month/Year:_____

Refrigerator (Main, 1, 2, 3):_____ Days 16-31

Instructions for completing this temperature log: Check the temperatures in both the freezer and the refrigerator units at least twice each working day. Place an "X" in the box that corresponds with the temperature and record the ambient (room) temperature, the time of the temperature readings, and your initials. Once the month has ended, save each month's completed form for 3 years.

Day of Month	16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
Time of Day	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Exact Time																																
Room Temp																																
Staff Initials																																

Refrigerator

Too Warm

Record actual temp ≥ 11°																																
10°																																
9°																																

OUT OF RANGE - TAKE ACTION IMMEDIATELY

8°																																
7°																																
6°																																
Strive For 5°																																
4°																																
3°																																
2°																																

OUT OF RANGE - TAKE ACTION IMMEDIATELY

Too Cold

1°																																
0°																																
Record actual temp ≤ –1°																																

Freezer

Too Warm

Record actual temp ≥ –12°																																
–13°																																
–14°																																

OUT OF RANGE - TAKE ACTION IMMEDIATELY

–15°																																
–16°																																
–17°																																
–18°																																
≤ –19°																																

Adapted from the Immunization Action Coalition. 10/07

IOWA *Immunization Program*

If the recorded temperature is in the shaded zone: This represents an unacceptable temperature range follow these steps:

1. Store the vaccine under proper conditions as quickly as possible.
2. Call the manufacturer(s) of the affected vaccine(s).
3. Call the Iowa Immunization Program at 1-800-831-6293.
4. Document the action taken on the Emergency Vaccine Response Worksheet, and Troubleshooting Record.

Iowa Immunization Program: www.idph.state.ia.us/adper/immunizations.asp

Rev. 5/09

IOWA DEPARTMENT OF PUBLIC HEALTH - IMMUNIZATION PROGRAM
VACCINE TEMPERATURE LOG - CELSIUS

Clinic Name:_____ VFC PIN:_____ Month/Year:_____

Refrigerator (Main, 1, 2, 3):_____ Days 1-15

Instructions for completing this temperature log: Check the temperatures in both the freezer and the refrigerator units at least twice each working day. Place an "X" in the box that corresponds with the temperature and record the ambient (room) temperature, the time of the temperature readings, and your initials. Once the month has ended, save each month's completed form for 3 years.

Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Time of Day	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Exact Time																														
Room Temp.																														
Staff Initials																														

Refrigerator

Too Warm

Record actual temp ≥ 11°																														
10°																														
9°																														

OUT OF RANGE – TAKE ACTION IMMEDIATELY

8°																														
7°																														
6°																														

Strive For 5°

4°																														
3°																														
2°																														

OUT OF RANGE – TAKE ACTION IMMEDIATELY

1°																														
0°																														
Record actual temp ≤ –1°																														

Too Cold

Freezer

Too Warm

Record actual temp ≥ –12°																														
–13°																														
–14°																														

OUT OF RANGE – TAKE ACTION IMMEDIATELY

–15°																														
–16°																														
–17°																														
–18°																														
≤ –19°																														

Adapted from the Immunization Action Coalition. 10/07

IOWA Immunization Program

If the recorded temperature is in the shaded zone: This represents an unacceptable temperature range follow these steps:

Iowa Immunization Program: www.idph.state.ia.us/adper/immunizations.asp

1. Store the vaccine under proper conditions as quickly as possible.
2. Call the manufacturer(s) of the affected vaccine(s).
3. Call the Iowa Immunization Program at 1-800-831-6293.
4. Document the action taken on the Emergency Vaccine Response Worksheet, and Troubleshooting Record.

Rev. 5/09