Freezer Temperature Log

Record CURRENT, MIN, and MAX temperatures twice a day. Complete steps 1-3

Month/Year (Days 1-15)_____

Freezer Location _____

Provider Name:_____

Pin number:_____

File this log at the end of the month and keep it for 3 years

Step 1 **Write your initials and time of day.**

	Example																															
Staff Initials	RC																															
Day of Month	1	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Time	7:30																														
	am	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
Current	-22																														
MIN	-25																														
MAX	-19																														

Step 2 **Read the current temperature on thermometer display and record on the temp log.**
Review the minimum and maximum temperatures and record on the temp log.

Step 3 **Evaluate temperatures. If temperatures are in the DANGER zone (see zone below), take immediate action described below.**

Review/Mark Button: Press to see min/max temperatures

Start/Clear/Stop Button: Press to return to normal mode

-25° & lower -24° -23° -22° -21° -20° -19° -18° -17° -16° -15° **THESE TEMPERATURES ARE OK**	**-14° -13° -12° -11° -10° -9° -8° -7° -6° -5° -4° & higher** **DANGER ZONE - TOO HOT**
Vaccine Storage Best Practices ➢ Store vaccine at -18° or lower to reduce chance of temperatures exceeding the recommended range ➢ Place thermometer in a central area of the unit directly with the vaccines ➢ Do not place thermometer or vaccine in the door, near or against the walls, close to vents, or on the floor of the unit	If you ever see temps in this danger zone: ➢ Alert your supervisor immediately ➢ Wait no more than 60 min and check to see if the temperature has returned to the proper range ➢ If temps are still in DANGER ZONE after 60 minutes, download the data and email to chicagovfc@cityofchicago.org ➢ Document the date and actions you take on the Vaccine Storage Troubleshooting Record

Freezer Temperature Log

Record CURRENT, MIN, and MAX temperatures twice a day. Complete steps 1-3

Month/Year (Days 16-31)_____

Freezer Location _____

Provider Name:_____

Pin number:_____

File this log at the end of the month and keep it for 3 years

Step 1 **Write your initials and time of day.**

	Example																															
Staff Initials	RC																															
Day of Month	15	16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
Time	7:30																															
	am	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
Current	-22																															
MIN	-25																															
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