DPH								
Georgia Department of Public Health								



VFC PIN		
Month/Year	 Days	1-15

**Complete this temperature log:** Check the temperature in the freezer compartment of your vaccine storage unit at least twice each working day. Place an "X" in the box that corresponds with the temperature, the time of the temperature reading, and your initials. Please document the out of range temperature and the min/max on the appropriate lines below. Once the month has ended, save each month's completed form for 3 years.

If the recorded temperature is warmer than 5°: this represents an unacceptable temperature range. You must take action!

#### → Take Action!

- 1. Store the vaccine under proper conditions as quickly as possible.
- 2. Temporarily mark exposed vaccine "do not use" until you have verified whether or not the vaccine may be used.
- **3. Call the VFC program** at 404-657-5013 or 1-800-848-3868 and the vaccine manufacturer to determine whether the potency of the vaccine(s) has been affected.
- **4. Document the action taken** on the troubleshooting page of this log.
- **5. Review and sign the log** at the end of each month below.

Staff Initials															
Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Room Temp.											 				  -  -  -
Exact Time	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
Min/ Max Temp.			,					,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
*Write any out-of-range min/max temps here: Then take action!															
Danger! To	emperat	ures abo	ve 5°F a	re too w	arm! wr	ite any una	cceptable	temperatur	e on the lin	e below*aı	nd call you	VFC Repre	sentative I	mmediately	y!
5°F	-						1	1	 		 				
4ºF 3ºF 2ºF															
3°F										!	-	1		-	
											-				
1ºF															
0.F	!														
-1ºF				1	1	1							İ		
-2°F															
-3°F				1		1				-					
-4°F				1	1	1								1	1
-5°F to -58°F and colder															
*Write any out-of-range temps (above 5°F) here: Then take action!															

Vaccines for Children 404-657-5013 / 1-800-848-3868 (phone) 404-657-5736 / 1-800-372-3627 (fax) DPH-gavfc@dph.ga.gov

See back for "Vaccine Storage Troubleshooting Record"

Adapted with appreciation from California Department of Public Health

**End of the Month Reviewer's Signature** 





VFC PIN_		
Month/Year_	 Days	16-31

**Complete this temperature log:** Check the temperature in the freezer compartment of your vaccine storage unit at least twice each working day. Place an "X" in the box that corresponds with the temperature, the time of the temperature reading, and your initials. Please document the out of range temperature and the min/max on the appropriate lines below. Once the month has ended, save each month's completed form for 3 years.

If the recorded temperature is warmer than 5°: this represents an unacceptable temperature range. You must take action!

#### → Take Action!

- 1. Store the vaccine under proper conditions as quickly as possible.
- 2. Temporarily mark exposed vaccine "do not use" until you have verified whether or not the vaccine may be used.
- **3. Call the VFC program** at 404-657-5013 or 1-800-848-3868 and the vaccine manufacturer to determine whether the potency of the vaccine(s) has been affected.
- 4. Document the action taken on the troubleshooting page of this log.
- **5. Review and sign the log** at the end of each month below.

27 28 29 30	31
m am pm am pm am pm am pm	am p
The second second second	
nd call your VFC Representative Immediat	tely!
	1

Vaccines for Children 404-657-5013 / 1-800-848-3868 (phone) 404-657-5736 / 1-800-372-3627 (fax) DPH-gavfc@dph.ga.gov

**See back for "Vaccine Storage Troubleshooting Record"**Adapted with appreciation from California Department of Public Health

**End of the Month Reviewer's Signature** 

Revised August 2014





VFC PIN_		
Month/Year_	 Days	1-15

VEC DIN

**Complete this temperature log:** Check the temperature in the freezer compartment of your vaccine storage unit at least twice each working day. Place an "X" in the box that corresponds with the temperature, the time of the temperature reading, and your initials. Please document the out of range temperature and the min/max on the appropriate lines below. Once the month has ended, save each month's completed form for 3 years.

If the recorded temperature is warmer than -15°C: this represents an unacceptable temperature range. You must take action!

#### → Take Action!

- 1. Store the vaccine under proper conditions as quickly as possible.
- 2. Temporarily mark exposed vaccine "do not use" until you have verified whether or not the vaccine may be used.
- **3. Call the VFC program** at 404-657-5013 or 1-800-848-3868 and the vaccine manufacturer to determine whether the potency of the vaccine(s) has been affected.
- **4. Document the action taken** on the troubleshooting page of this log.
- 5. Review and sign the log at the end of each month below.

Staff Initials															
Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Room Temp.				1		1			 		1	 			1 1 1
Exact Time	am pm	am i pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm						
Min/ Max Temp.															
*Write any out-of-range min/max temps here: Then take action!															
Danger! Temperatures above -15°C are too warm! Write any unacceptable temperature on the line below* and call your VFC Representative Immediately!															
ა -15°C			1		 	1	1	1 1 1	1		 	1 1 1	1	1	1
-16°C															
-17°C				1		1	1	1	1			1			
-18°C -19°C									1						
-19°C	1														
<u></u>						1									
a -50°C		1			1				1	1	1				
G -22°C															
-23°C to -50°C and colder	1								1						
*Write any out-of-range temps (above -15°F ) here: Then take action!															

Vaccines for Children 404-657-5013 / 1-800-848-3868 (phone) 404-657-5736 / 1-800-372-3627 (fax) DPH-gavfc@dph.ga.gov





VFC PIN		
Month/Year	 Days	16-31

**Complete this temperature log:** Check the temperature in the freezer compartment of your vaccine storage unit at least twice each working day. Place an "X" in the box that corresponds with the temperature, the time of the temperature reading, and your initials. Please document the out of range temperature and the min/max on the appropriate lines below. Once the month has ended, save each month's completed form for 3 years.

If the recorded temperature is warmer than -15°C: this represents an unacceptable temperature range. You must take action!

#### Take Action!

- 1. Store the vaccine under proper conditions as quickly as possible.
- 2. Temporarily mark exposed vaccine "do not use" until you have verified whether or not the vaccine may be used.
- **3. Call the VFC program** at 404-657-5013 or 1-800-848-3868 and the vaccine manufacturer to determine whether the potency of the vaccine(s) has been affected.
- **4. Document the action taken** on the troubleshooting page of this log.
- **5. Review and sign the log** at the end of each month below.

Staff Initials																
Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Room Temp.			!	-	1			į	:	1	 		-	1	1	
Exact Time	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
Min/ Max Temp.																
*Write any out-of-range min/max temps here: Then take action!																
Danger! 1	Temperat	tures ab	ove -15°	C are to	o warm	! Write ar	ny unaccep	table tem	perature o	n the line b	elow* and	call your \	/FC Repres	entative In	nmediatel	y!
ა -15°C				-											-	
-16°C		1 1 1	1 1 1					İ							-	
-17°C																
<u>0</u> -18°C		1	-			1										
-18°C		 	1 1 1	-											1	
				-												
						!										
-20°C  -23°C to -50°C		!														1
-23°C to -50°C and colder		1														
*Write any out-of-range temps (above -15°F) here: Then take action!																

Vaccines for Children 404-657-5013 / 1-800-848-3868 (phone) 404-657-5736 / 1-800-372-3627 (fax) DPH-gavfc@dph.ga.gov See back for "Vaccine Storage Troubleshooting Record"

Adapted with appreciation from California Department of Public Health

**End of the Month Reviewer's Signature** 





VFC PIN	
Month/Year	Days 1-15

**Complete this temperature log:** Check the temperature in the refrigerator compartment of your vaccine storage unit at least twice each working day. Place an "X" in the box that corresponds with the temperature, the time of the temperature reading, and your initials. Please document the out of range temperature and the min/max on the appropriate lines below. Once the month has ended, save each month's completed form for 3 years.

If the recorded temperature is warmer than 46°F or colder than 35°F: this represents an unacceptable temperature range. You must take action!

#### → Take Action!

- 1. Store the vaccine under proper conditions as quickly as possible.
- **2. Temporarily mark exposed vaccine "do not use"** until you have verified whether or not the vaccine may be used.
- **3. Call the VFC program** at 404-657-5013 or 1-800-848-3868 and the vaccine manufacturer to determine whether the potency of the vaccine(s) has been affected.
- **4. Document the action taken** on the troubleshooting page of this log.
- **5. Review and sign the log** at the end of each month below.

Staff Initials			1	1							1				
Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Room Temp.			-	1		1	1					-		!	
Exact Time	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
Min/ Max Temp.															
*Write any out-of-range temps (min/max) here: Then take action!															
Danger!	Tempera	tures abo	ove 46°F	are too	warm! w	/rite any una	acceptable	temperatu	re on the lin	e below* a	nd call your	VFC Repre	sentative In	nmediately!	!
<b>∽</b> 46°F															
45°F	1		1	1	1	1	1		1	1	1	1		 	1
44°F											-				
43°F															
42°F 80 41°F							-				1			1	1
41°F			-	-		-					-				
40°F															
39°F															
38°F			-		-	İ	-	] ]						1	
37°F			!	1		-					1			 	-
36°F															
<b>⋖</b> 35°F															
Danger!	Tempera	tures bel	ow 35°F	are too	old! Wri	te any unac	ceptable te	mperature	on the line	below* and	call your V	FC Represe	ntative Imn	nediately!	
*Write any out-of-range temps (above 46°F or below 35°F) here: Then take action!															

Vaccines for Children 404-657-5013 / 1-800-848-3868 (phone) 404-657-5736 / 1-800-372-3627 (fax) DPH-gavfc@dph.ga.gov





### Temperature Log for Refrigerator- Fahrenheit

VFC PIN	 -
Month/Year	Days 16-31

Complete this temperature log: Check the temperature in the refrigerator compartment of your vaccine storage unit at least twice each working day. Place an "X" in the box that corresponds with the temperature, the time of the temperature reading, and your initials. Please document the out of range temperature and the min/max on the appropriate lines below. Once the month has ended, save each month's completed form for 3 years.

If the recorded temperature is warmer than 46°F or colder than 35°F: this represents an unacceptable temperature range. You must take action!

#### Take Action!

- 1. Store the vaccine under proper conditions as quickly as possible.
- Temporarily mark exposed vaccine "do not use" until you have verified whether or not the vaccine may be used.
- **3. Call the VFC program** at 404-657-5013 or 1-800-848-3868 and the vaccine manufacturer to determine whether the potency of the vaccine(s) has been affected.
- **4. Document the action taken** on the troubleshooting page of this log.
- **5. Review and sign the log** at the end of each month below.

Staff Initials							!	!				1			 	1
Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Room Temp.		-	 				 	 	 	1 1 1						
Exact Time	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
Min/ Max Temp.																
*Write any out-of-range temps (min/max) here: Then take action!																
Danger! 1	empera	tures ab	ove 46°	F are to	o warm!	Write an	y unaccep	table temp	erature on	the line b	elow* and	call your V	FC Repres	entative In	nmediately	y!
<b>∽</b> 46°F		1		1	i i		!	!		! !	:	 			 	
45°F																
13 T																
43°F	1		1	1				 		 						1
42°F									-							
4۱۴۲ س							i									
40°F	i				1		1	-			1			1 1		
39°F	-				!		-		-		-		-	!	-	
38°F												-		1	-	
37°F							į									
36°F	1	!			1	-		!				-		-	-	
<b>⋖</b> 35°F	-														- 1	
Danger!	Tempera	tures b	elow 35°	F are to	o cold!	Write any	unaccepta	ble tempe	rature on t	the line be	low* and c	all your VF	C Represei	ntative Imr	nediately!	
*Write any out-of-range temps (above 46°F or below 35°F) here: Then take action!						 						 				

Vaccines for Children 404-657-5013 / 1-800-848-3868 (phone) 404-657-5736 / 1-800-372-3627 (fax) DPH-gavfc@dph.ga.gov





VFC PIN_		
Month/Year	Days	1-15

**Complete this temperature log:** Check the temperature in the refrigerator compartment of your vaccine storage unit at least twice each working day. Place an "X" in the box that corresponds with the temperature, the time of the temperature reading, and your initials. Please document the out of range temperature and the min/max on the appropriate lines below. Once the month has ended, save each month's completed form for 3 years.

If the recorded temperature is warmer than 8°C or colder than 2°C: this represents an unacceptable temperature range. You must take action!

#### Take Action!

- 1. Store the vaccine under proper conditions as quickly as possible.
- 2. Temporarily mark exposed vaccine "do not use" until you have verified whether or not the vaccine may be used.
- **3. Call the VFC program** at 404-657-5013 or 1-800-848-3868 and the vaccine manufacturer to determine whether the potency of the vaccine(s) has been affected.
- **4. Document the action taken** on the troubleshooting page of this log.
- **5. Review and sign the log** at the end of each month below.

Staff In	nitials															
Day of	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Room	Temp.									:			1	-		:
Exact T	Гime	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
Min/ M	lax Temp.															
*Write any o temps (min/ Then take a	out-of-range /max) here: oction!															
	Danger!	Tempera	itures ab	ove 8°C	are too v	varm! w	rite any una	cceptable t	emperatur	e on the line	e below* an	d call your	VFC Repres	entative Im	mediately!	
.es	8°C	 			 	1		 	1 1 1 1	 	 	1		 		-
atur	7°C	 		 	 	 	 	 	 		 	1	 	 	1	-
Temperatures	6ºC							       			1		 			
Te m	5°C		1									1				
ble	4°C	1	1			1	1	1	 	1		1 1 1	; ; ; ;		1	
Acceptable	3°C					1			 				 			
Acc	2°C															
	Danger!	Temper	atures be	elow 2°C	are too	cold! Wri	te any unac	ceptable te	mperature	on the line	below* and	l call your V	FC Represe	ntative Imr	nediately!	
*Write any o temps (abov below2°C) h Then take ac	nere:													1		

Vaccines for Children 404-657-5013 / 1-800-848-3868 (phone) 404-657-5736 / 1-800-372-3627 (fax) DPH-gavfc@dph.ga.gov





VFC PIN_	
Month/Year_	 Days 16-31

**Complete this temperature log:** Check the temperature in the refrigerator compartment of your vaccine storage unit at least twice each working day. Place an "X" in the box that corresponds with the temperature, the time of the temperature reading, and your initials. Please document the out of range temperature and the min/max on the appropriate lines below. Once the month has ended, save each month's completed form for 3 years.

If the recorded temperature is warmer than 8°C or colder than 2°C: this represents an unacceptable temperature range. You must take action!

#### Take Action!

- 1. Store the vaccine under proper conditions as quickly as possible.
- 2. Temporarily mark exposed vaccine "do not use" until you have verified whether or not the vaccine may be used.
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- **4. Document the action taken** on the troubleshooting page of this log.
- **5. Review and sign the log** at the end of each month below.

Staff	f Initials			!			!										
Day	of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Roor	m Temp.			1				1	1		 		1		-	1	
Exact Time		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
Min/	/ Max Temp.																
*Write any out-of-range temps (min/max) here: Then take action!																	
	Danger! 1	Tempera	tures al	bove 8°C	are too	warm!	Write any	unaccepta	able tempe	rature on	the line be	low* and c	all your VF	C Represe	ntative Im	mediately!	
e s	8°C			1	1	 	 		: :	!	! !	1	!		1 1 1		
emperatures	7°C							1					1				
n p e r	6°C			1	-	1	1	1 1 1	-	 	 	-	1	 	1	1 1 1 1	1 1 1 1
<b>—</b>	5°C	-	i i i	; ; ;	1 1 1 1	 		 	1 1 1 1	 	 	 	 	 	1	 	 
Acceptable	4°C	1			-	-	-			-		1			1		
ept	3°C					-	-			-			 				
A C 0	2°C												i ! ! !				
	Danger!	Temper	atures k	pelow 2°	C are to	o cold!	Write any	unaccepta	ble temper	ature on t	he line bel	ow* and ca	ll your VFC	C Represen	tative Imn	nediately!	
temps below2	e any out-of-range (above 8°C or 2°C) here: take action!																

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**See back for "Vaccine Storage Troubleshooting Record"**Adapted with appreciation from California Department of Public Health

**End of the Month Reviewer's Signature**