

**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															
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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.	/														
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	0°F														
	-1°F														
	-2°F														
	-3°F														
	-4°F														
-5°F to -58°F and colder															
*Write any out-of-range temps (above 5°F) here: Then <b>take action!</b>															

Vaccines for Children  
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 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 \_\_\_\_\_

# Vaccine Storage Troubleshooting Record

Date	Time	Storage Unit Temp	Room Temp	Problem	Action Taken	Results	Staff Initials

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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	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		
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# C° Temperature Log for Freezer - Celsius

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 -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.
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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.
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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	am pm	am pm	am pm	am pm	am pm	
Min/ Max Temp.	/																				
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<b>Acceptable Temperatures</b>	-15°C																				
	-16°C																				
	-17°C																				
	-18°C																				
	-19°C																				
	-20°C																				
	-21°C																				
	-22°C																				
-23°C to -50°C and colder																					
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End of the Month Reviewer's Signature \_\_\_\_\_

# Vaccine Storage Troubleshooting Record

Date	Time	Storage Unit Temp	Room Temp	Problem	Action Taken	Results	Staff Initials



# C° Temperature Log for Freezer - Celsius

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.

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## Take Action!

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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	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	am pm	am pm				
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End of the Month Reviewer's Signature \_\_\_\_\_

Revised August 2014

# Vaccine Storage Troubleshooting Record

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**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!

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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
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**Danger! Temperatures above 46°F are too warm! Write any unacceptable temperature on the line below\* and call your VFC Representative Immediately!**

Acceptable Temperatures	46°F														
	45°F														
	44°F														
	43°F														
	42°F														
	41°F														
	40°F														
	39°F														
	38°F														
	37°F														
	36°F														
35°F															

**Danger! Temperatures below 35°F are too cold! Write any unacceptable temperature on the line below\* and call your VFC Representative Immediately!**

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Room Temp.																
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Min/ Max Temp.	/															
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	41°F															
	40°F															
	39°F															
	38°F															
	37°F															
	36°F															
	35°F															

**Danger! Temperatures below 35°F are too cold! Write any unacceptable temperature on the line below\* and call your VFC Representative Immediately!**

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