

**Refrigerator Temperature Log (Celsius)**

Circle: R1 R2 R3 R4

Circle: Combination Standalone

MONTH/YEAR: \_\_\_\_\_ PIN: \_\_\_\_\_

PRACTICE: \_\_\_\_\_

TELEPHONE NUMBER: (802) \_\_\_\_\_ - \_\_\_\_\_



**START OF BUSINESS DAY:** 1) Record an "X" in the box corresponding with the Max and Min temperatures. 2) Initial & enter time. 3) Check for "ALARM".

**MAX** reading is the *warmest* temperature and **MIN** reading is the *coldest* temperature for the vaccine storage unit.

When "**ALARM**" is present, download and email the data logger file to [AHS.VDHIimmunizationProgram@vermont.gov](mailto:AHS.VDHIimmunizationProgram@vermont.gov) and call 800-640-4374 or 802.863.7638

Download data logger weekly (initial & date) Week 1: \_\_\_\_\_ Week 2: \_\_\_\_\_

DAY	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Time																														
Initials																														
Alarm	Y/N		Y/N		Y/N		Y/N		Y/N		Y/N		Y/N		Y/N		Y/N		Y/N		Y/N		Y/N		Y/N		Y/N		Y/N	
	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN
≥9	CALL IMMEDIATELY if you see ALARM, or if MIN/MAX falls within shaded area																													
8																														
7																														
6																														
5																														
4																														
3																														
2																														
1	CALL IMMEDIATELY if you see ALARM, or if MIN/MAX falls within shaded area																													
≤0																														

**Vaccine Storage Troubleshooting Log**

Date	Time	Temp	Incident	Actions Taken	Results	Initials
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		

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Download data logger weekly (initial & date) Week 3: \_\_\_\_\_ Week 4: \_\_\_\_\_

DAY	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time																
Initials																
Alarm	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN
≥9			CALL IMMEDIATELY if temperature is in shaded section, if you see ALARM, or if MIN/MAX falls within shaded area *													
8																
7																
6																
5																
4																
3																
2																
1			CALL IMMEDIATELY if temperature is in shaded section, if you see ALARM, or if MIN/MAX falls within shaded area *													
≤0																

**Vaccine Storage Troubleshooting Log**

Date	Time	Temp	Incident	Actions Taken	Results	Initials
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		

**Freezer Temperature Log (Celsius)**

Circle: F1 F2

Circle: Combination Standalone

MONTH/YEAR: \_\_\_\_\_ PIN: \_\_\_\_\_

PRACTICE: \_\_\_\_\_

TELEPHONE NUMBER: (802) \_\_\_\_\_ - \_\_\_\_\_



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Download data logger weekly (initial & date) Week 1: \_\_\_\_\_ Week 2: \_\_\_\_\_

DAY	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Time																														
Initials																														
Alarm	Y/N		Y/N		Y/N		Y/N		Y/N		Y/N		Y/N		Y/N		Y/N		Y/N		Y/N		Y/N		Y/N		Y/N		Y/N	
	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN
≥-14	CALL IMMEDIATELY if temperature is in shaded section, if you see ALARM, or if MIN/MAX falls within shaded area *																													
-15																														
-16																														
-17																														
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-22																														
-23																														
-24																														
-25																														
-26																														
-27																														
-28																														
↓																														
≤-51	CALL IMMEDIATELY if temperature is in shaded section, if you see ALARM, or if MIN/MAX falls within shaded area *																													

Vaccine Storage Troubleshooting Log						
Date	Time	Temp	Incident	Actions Taken		Results
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

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Circle: F1 F2

Circle: Combination Standalone

MONTH/YEAR: \_\_\_\_\_ PIN: \_\_\_\_\_

PRACTICE: \_\_\_\_\_

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Time																
Initials																
Alarm	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN
≥-14	CALL IMMEDIATELY if temperature is in shaded section, if you see ALARM, or if MIN/MAX falls within shaded area *															
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-27																
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Date	Time	Temp	Incident	Actions Taken	Results	Initials
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		

\* Vermont Immunization Program Phone: 1.800.640.4374 802.863.7638 (24/7) Fax: 802.863.7395 Email: [ahs.vdhimmunizationprogram@vermont.gov](mailto:ahs.vdhimmunizationprogram@vermont.gov)