

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 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																
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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) _____ - _____



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".

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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																														
-18																														
-19																														
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-21																														
-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	Initials
					<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

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Initials																
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	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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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