

REFRIGERATOR/FREEZER TEMPERATURE RECORDING FORM

Clinic Name:

Complete the temperature log: Check the temperatures in both the freezer and the refrigerator compartments of your vaccine storage units at least twice each working day. Record Temperature or Check the box that corresponds with the temperature and enter your initials, time & date. Record 5 working days, being sure that one day is a Monday.

Staff Initials:													
Time:													
Date:													

REFRIGERATOR : RECORD ACTUAL TEMPERATURE if $\geq 49^{\circ}\text{F}$ or lower than $\leq 32^{\circ}\text{F}$

F° Temp	C° Temp	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
≥ 49	≥ 9												
48	8.8												
47	8.3												
46	7.7												
45	7												
44	6.6												
43	6.1												
42	6												
41	5												
40	4.4												
39	4												
38	3												
37	2.7												
36	2.2												
35	2												
34	1.1												
33	1												
≤ 32	0												

FREEZER: RECORD ACTUAL TEMPERATURE FOR FREEZER IF $\leq 3^{\circ}\text{F}$

≥ 8	-13												
7	-14												
6	-14.4												
5	-15												
4	-15.5												
≤ 3	-16												

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