

CLINIC NAME/VFC PIN: \_\_\_\_\_

**CELSIUS (C°) FREEZER TEMP LOG (-50.0° to -15.0°)**

MONTH/YEAR \_\_\_\_\_

Date:	Staff Initials	Time	MIN/MAX		> -15.0	CURRENT												< -50.0		
			Min	Max		-15	-16	-17	-18	-19	-20	-21	-22	-23	-24	-25	-26 to -50.0			
1		: AM			T O O  W A R M														T O O  C O L D	
		: PM																		
2		: AM																		
		: PM																		
3		: AM																		
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13		: AM																		
		: PM																		
14		: AM																		
		: PM																		
15		: AM																		
		: PM																		

Record exact temperatures twice daily, including min/max once daily. Ensure min/max is cleared/reset daily. Keep temp logs for at least 3 years. Take IMMEDIATE action, follow your emergency response plan if any temperature is out-of-range. Notify Health Dept and manufacturers for out-of-range temperatures.

**STAFF SIGNATURES with INITIALS**

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**RECORD WEEKLY CALIBRATION**

Date:	Staff Initial	Time			
		:	AM/PM		
		:	AM/PM		
		:	AM/PM		



LHDS: Once per week simultaneously read other temperature monitoring devices. Temperatures should be within 1.5 degrees or re-calibrate other device and re-check.

**Actions Taken** \_\_\_\_\_

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16		:	AM																	
		:	PM																	
17		:	AM																	
		:	PM																	
18		:	AM																	
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**STAFF SIGNATURES with INITIALS**

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**Actions Taken** \_\_\_\_\_  
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