

Vaccine Temperature Log - Refrigerator



Facility Name:	Pin Number:	Month/Year:
----------------	-------------	-------------

Instructions: Record the minimum and maximum temperatures, the current temperature and time, along with the initials of the person documenting in the corresponding boxes below. Min and max temps must be documented daily each morning during normal operating hours. Excessive heat, cold, or light can damage vaccines, resulting in reduced potency. Contact the Idaho Immunization Program at (208) 334-5931 or iip@dhw.idaho.gov with questions.

Date	example	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th
Initials	<i>MO</i>															
Min	42 °C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F
Max	44 °C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F
Current Temp	44 °C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F	°C/F
Current Time	8:07 am/pm	am/pm														

Date	16th	17th	18th	19th	20th	21st	22nd	23rd	24th	25th	26th	27th	28th	29th	30th	31st
Initials																
Min	°C/F															
Max	°C/F															
Current Temp	°C/F															
Current Time	am/pm															

