



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF IMMUNIZATIONS
 VACCINES FOR CHILDREN PROGRAM
TEMPERATURE LOG CELSIUS (C)

930 Wildwood Drive
 Jefferson City, MO 65109
 800.219.3224 . FAX: 573.526.5220

CLINIC NAME: _____

VFC PIN: _____

LOCATION OR NUMBER (Refrigerator) _____ (Freezer) _____

MONTH/YEAR: _____

Temperature Logs are due the first business day of each month.

Document temperatures twice daily. Trained staff shall record: time, refrigerator and freezer AM and PM temperatures, refrigerator and freezer minimum/maximum temperatures since previous reading, initials and indicate if temperatures are in range by "Y" or "N".

REFRIGERATOR

(Temperature Range 2° to 8° C) (Optimum Temperature 4° C)

FREEZER

(Temperature Range is -15° C)

If temperatures are **NOT** in range **TAKE ACTION, CONTACT the VFC Program IMMEDIATELY and DOCUMENT the ACTION TAKEN.**

Day of Month	Time: AM	Refrigerator AM Temperature	Freezer AM Temperature	Refrigerator Min/Max Temperature	Freezer Min/Max Temperature	Staff Initials						
							Time: PM	Refrigerator PM Temperature	Freezer PM Temperature	Staff Initials	Temperatures In Range (Y/N)	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												

Action Taken: _____
 (Attach additional pages, if needed.) _____