



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

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 36° to 46° F) (Optimum Temperature 40° - 42° F)

FREEZER

(Temperature Range is 5° F)

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)
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Action Taken:

Attach additional pages, if needed.
