



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  
 email: vfc-smvsupport@health.mo.gov

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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2												
3												
4												
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7												
8												
9												
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**Action Taken:** \_\_\_\_\_  
*Attach additional pages, if needed.*