MONTH & YEAR			FRFF7	ER LOCATIO		myCAvax ID	VFC PIN	Keep freezer in OK range:
								-58.0°F 5.0°F
							myCAvax/	
Day	Time		Alarm	Current	Min	Max	SHOTS ID	Check temperatures twice a d
Exam- ole	8:00 am			-10,3	-20,2	-9,1		-
1	4:00 pm	NN	~	2.4	-9.0	6.2	12345	1. Fill out month, year, refrigerato myCAvax ID and VFC PIN.
	am							2. Record the time and your initia
	pm							3. Record a check if an alarm wen
2	am							 Record Current, MIN, and MAX. Clear MIN/MAX.
	pm							6. Ensure data logger is recording
3	am							
	pm							IF ALARM WENT OFF:
4	am							1. Post "Do Not Use Vaccines" sign
	pm							 Alert your supervisor. Report excursion to
5	am							myCAvax for BAP vaccine and
5	pm							MyVFCvaccines.org for VFC vac Follow instructions provided.
6	am							4. Record incident ID from
	pm							myCAvax (BAP) and SHOTS (
7	am							Supervisor's Review
	pm							Supervisor siteview
8	am							When log is complete, check all th apply:
	pm							Month/year/location/ID/PIN a
9	am							recorded.
9	pm							Temperatures were recorde daily.
10	am							 I reviewed data files for all the on this log to find any missed excursions.
	pm							
11	am							Date downloaded:
	pm							Any excursions were reported
12	am							myCAvax (BAP) or SHOTS (VFC
12	pm							We understand that falsifying log is grounds for vaccine repl
13	am							ment and termination from th
	pm							BAP/VFC programs.
14	am							On-Site Supervisor's Name:
	pm					- +		
15	am							Signature: Date:
	pm		+			- +		Staff Names and Initials:

Keep all temperature logs and data files for three years.

BAP: (833) 502-1245

/IONTH & YEAR		FREEZ	ER LOCATIOI	N/ID	myCAvax ID VFC PIN		Keep freezer in OK range:	
							-58.0°F 5.0°F	
ay	Time	Initials Alarm	Current	Min	Max	myCAvax/ SHOTS ID		
16	am						Check temperatures twice a	
	pm						1. Fill out month, year, refrigerat	
17	am						myCAvax ID and VFC PIN. 2. Record the time and your initi	
	pm						3. Record a check if an alarm we	
	am						4. Record Current, MIN, and MAX	
8	pm						5. Clear MIN/MAX.	
	am						6. Ensure data logger is recordin	
19	pm						IF ALARM WENT OFF:	
20	am						1. Post "Do Not Use Vaccines" sig	
	pm						2. Alert your supervisor.	
	am						3. Report excursion to	
21	pm						myCAvax for BAP vaccine and MyVFCvaccines.org for VFC va	
	am						Follow instructions provided.	
22	pm						4. Record incident ID from myCAvax (BAP) and SHOTS (V	
	am							
23	pm						Supervisor's Review	
							When log is complete, check all t	
24	am						apply:	
	pm						Month/year/location/ID/PIN a recorded.	
25	am						Temperatures were recorded	
	pm						daily.	
26	am						I reviewed data files for all the on this log to find any missed	
	pm						excursions.	
27	am						Date downloaded:	
	pm						Any excursions were reported myCAvax (BAP) or SHOTS (VF	
28	am						We understand that falsifying	
	pm						log is grounds for vaccine rep	
29	am	+			-		ment and termination from the BAP/VFC programs.	
	pm						On-Site Supervisor's Name:	
30	am				-		on-site supervisor's Name:	
	pm						Signature:	
31	am				-		Date:	
	pm						Staff Names and Initials:	

Keep all temperature logs and data files for three years.

BAP: (833) 502-1245