

# Refrigerator Temperature Log (°C)

MONTH & YEAR	REFRIGERATOR LOCATION/ID	myCAvax ID	VFC PIN

Day	Time	Initials	Alarm	Current	Min	Max	myCAvax/ SHOTS ID
Exam- ple	8:00am	NN		4.3	2.4	5.7	
	4:00pm	NN	✓	7.6	4.0	9.1	12345
1	am						
	pm						
2	am						
	pm						
3	am						
	pm						
4	am						
	pm						
5	am						
	pm						
6	am						
	pm						
7	am						
	pm						
8	am						
	pm						
9	am						
	pm						
10	am						
	pm						
11	am						
	pm						
12	am						
	pm						
13	am						
	pm						
14	am						
	pm						
15	am						
	pm						

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Keep all temperature logs and data files for three years.

**VFC Program: (877) 243-8832**

**BAP: (833) 502-1245**

## Instructions

**Keep refrigerator in OK range:**



**Check temperatures twice a day.**

1. Fill out month, year, refrigerator ID, myCAvax ID and VFC PIN.
2. Record the time and your initials.
3. Record a check if an alarm went off.
4. Record Current, MIN, and MAX.
5. Clear MIN/MAX.
6. Ensure data logger is recording.

## IF ALARM WENT OFF:

1. Post "Do Not Use Vaccines" sign.
2. Alert your supervisor.
3. Report excursion to myCAvax for BAP vaccine and to MyVFCvaccines.org for VFC vaccine. Follow instructions provided.
4. Record incident ID from myCAvax (BAP) and SHOTS (VFC).

## Supervisor's Review

When log is complete, check all that apply:

- ☐ Month/year/location/ID/PIN are recorded.
- ☐ Temperatures were recorded twice daily.
- ☐ I reviewed data files for all the days on this log to find any missed excursions.  
Date downloaded: \_\_\_\_\_
- ☐ Any excursions were reported to myCAvax (BAP) or SHOTS (VFC).
- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the BAP/VFC programs.

On-Site Supervisor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Names and Initials: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Day	Time	Initials	Alarm	Current	Min	Max	myCAvax/ SHOTS ID
16	am						
	pm						
17	am						
	pm						
18	am						
	pm						
19	am						
	pm						
20	am						
	pm						
21	am						
	pm						
22	am						
	pm						
23	am						
	pm						
24	am						
	pm						
25	am						
	pm						
26	am						
	pm						
27	am						
	pm						
28	am						
	pm						
29	am						
	pm						
30	am						
	pm						
31	am						
	pm						

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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- ☐ We understand that falsifying this log is grounds for vaccine replacement and termination from the COVID/VFC programs.

On-Site Supervisor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Names and Initials: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_