### Temperature Log for Freezer – Fahrenheit

#### DAYS 1–15

Monitor temperatures closely!
1. Write your initials below in “Staff Initials,” and note the time in “Exact Time.”
2. Record temps twice each workday.
3. Record the min/max temps once each workday—preferably in the morning.
4. Put an “X” in the row that corresponds to the freezer’s temperature.
5. If any out-of-range temp, see instructions to the right.
6. After each month has ended, save each month’s log for 3 years, unless state/local jurisdictions require a longer period.

#### Danger! Temperatures above 5°F are too warm! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!

<table>
<thead>
<tr>
<th>Day of Month</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Initials</td>
<td>AM</td>
<td>PM</td>
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<tr>
<td>Exact Time</td>
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<tr>
<td>Min/Max Temp</td>
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</tr>
</tbody>
</table>

#### Acceptable Temperatures

-5°F

#### Action

Write any out-of-range temps (above 5°F or below -58°F) here.

#### Room Temperature

Write any out-of-range temps (above 5°F or below -58°F) here.

### Month/Year _______ VFC PIN or other ID # ____________________

Facility Name ____________________

Take action if temp is out of range—too warm (above 5°F) or too cold (below -58°F).  
1. Label exposed vaccine “do not use,” and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).
2. Record the out-of-range temps and the room temp in the “Action” area on the bottom of the log.
3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
4. Document the action taken on the “Vaccine Storage Troubleshooting Record” on page 3.

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Month/Year: _______  VFC PIN or other ID #: ____________________

Facility Name: ____________________

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Week 1 DDL Download Signoff – Signature: ____________________ Date: _______ Any New Alarms? NO / YES

Week 2 DDL Download Signoff – Signature: ____________________ Date: _______ Any New Alarms? NO / YES

Week 3 DDL Download Signoff – Signature: ____________________ Date: _______ Any New Alarms? NO / YES

Week 4 DDL Download Signoff – Signature: ____________________ Date: _______ Any New Alarms? NO / YES

Week 5 DDL Download Signoff – Signature: ____________________ Date: _______ Any New Alarms? NO / YES

(If yes, be sure to save supporting documents with temperature logs.)
Monitor temperatures closely!
1. Write your initials below in “Staff Initials,” and note the time in “Exact Time.”
2. Record temps twice each workday.
3. Record the min/max temps once each workday—preferably in the morning.
4. Put an “X” in the row that corresponds to the freezer’s temperature.
5. If any out-of-range temp, see instructions to the right.
6. After each month has ended, save each month’s log for 3 years, unless state/local jurisdictions require a longer period.

Take action if temp is out of range—too warm (above 5°F) or too cold (below -58°F).
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   Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).
2. Record the out-of-range temps and the room temp in the “Action” area on the bottom of the log.
3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
4. Document the action taken on the “Vaccine Storage Troubleshooting Record” on page 3.

<table>
<thead>
<tr>
<th>Day of Month</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
<th>21</th>
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<th>26</th>
<th>27</th>
<th>28</th>
<th>29</th>
<th>30</th>
<th>31</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Initials</td>
<td>AM</td>
<td>PM</td>
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<tr>
<td>Exact Time</td>
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<tr>
<td>Min/Max Temp (since previous reading)</td>
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<td></td>
</tr>
</tbody>
</table>

Danger! Temperatures above 5°F are too warm! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!

<table>
<thead>
<tr>
<th>Temperatures</th>
<th>5°F</th>
<th>4°F</th>
<th>3°F</th>
<th>2°F</th>
<th>1°F</th>
<th>0°F</th>
<th>-1°F</th>
<th>-2°F</th>
<th>-3°F</th>
<th>-4°F</th>
<th>-58°F to -5°F</th>
</tr>
</thead>
</table>

Write any out-of-range temps (above 5°F or below -58°F) here.

<table>
<thead>
<tr>
<th>Action</th>
<th>Room Temperature</th>
</tr>
</thead>
</table>

If you have a vaccine storage issue, also complete “Vaccine Storage Troubleshooting Record” found on page 3.
Vaccine Storage Troubleshooting Record  (check one)  □ Refrigerator  □ Freezer

Use this form to document any unacceptable vaccine storage event, such as exposure of refrigerated vaccines to temperatures that are outside the manufacturers’ recommended storage ranges.  A fillable troubleshooting record (i.e., editable PDF) can also be found at www.immunize.org/clinic/storage-handling.asp.

<table>
<thead>
<tr>
<th>Date &amp; Time of Event</th>
<th>Storage Unit Temperature</th>
<th>Room Temperature</th>
<th>Person Completing Report</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>at the time the problem was discovered</td>
<td>at the time the problem was discovered</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>Temp when discovered:</td>
<td>Temp when discovered:</td>
<td>Name:</td>
</tr>
<tr>
<td>Time:</td>
<td>Minimum temp:</td>
<td>Maximum temp:</td>
<td>Comment (optional):</td>
</tr>
</tbody>
</table>

**Description of Event** *(If multiple, related events occurred, list each date, time, and length of time out of storage.)*

- General description (i.e., what happened?)
- Estimated length of time between event and last documented reading of storage temperature in acceptable range (36°F to 46°F [2°C to 8°C] for refrigerator; -58°F to 5°F [-50°C to -15°C] for freezer)
- Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (Use separate sheet if needed, but maintain the inventory with this troubleshooting record.)
- At the time of the event, what else was in the storage unit? For example, were there water bottles in the refrigerator and/or frozen coolant packs in the freezer?
- Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine?
- Include any other information you feel might be relevant to understanding the event.

**Action Taken** *(Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)*

- When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine. Store exposed vaccine in proper conditions and label it “do not use” until after you can discuss with your state/local health department and/or the manufacturer[s].)
- Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer—list all.)
- IMPORTANT: What did you do to prevent a similar problem from occurring in the future?

**Results**

- What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public-purchase vaccine, follow your state/local health department instructions for vaccine disposition.)
**Vaccine Storage Troubleshooting Record** (check one)  □ Refrigerator  ✓ Freezer

Use this form to document any unacceptable vaccine storage event, such as exposure of refrigerated vaccines to temperatures that are outside the manufacturers’ recommended storage ranges.

A fillable troubleshooting record (i.e., editable pdf) can also be found at www.immunize.org/clinic/storage-handling.asp

<table>
<thead>
<tr>
<th>Date &amp; Time of Event</th>
<th>Storage Unit Temperature at the time the problem was discovered</th>
<th>Room Temperature at the time the problem was discovered</th>
<th>Person Completing Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 7/16/2013</td>
<td>Temp when discovered: 55°F</td>
<td>Temp when discovered: 77°F</td>
<td>Name: Nancy Nurse</td>
</tr>
<tr>
<td>Time: 8:00 am</td>
<td>Minimum temp: 2°F</td>
<td>Maximum temp: 57°F</td>
<td>Title: VFC Coordinator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Comment (optional): temp is approx</td>
<td>Date: 7/15/13</td>
</tr>
</tbody>
</table>

**Description of Event (If multiple, related events occurred, list each date, time, and length of time out of storage.)**

- General description (i.e., what happened?)
- Estimated length of time between event & last documented reading of storage temperature in acceptable range (36°F to 46°F [2°C to 8°C] for refrigerator; -58°F to 5°F [-50°C to -15°C] for freezer)
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- At the time of the event, what else was in the storage unit? For example, were there water bottles in the refrigerator and/or frozen coolant packs in the freezer?
- Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine?
- Include any other information you feel might be relevant to understanding the event.

When checked vaccine freezer (in lab) at 8:00 am on Tuesday, 7/16/2013, discovered freezer door slightly ajar. Digital readout on data logger read 55°F. Data logger located in center of freezer with probe in glycol. Review of computer readings (taken every 15 minutes) showed steady rise in temps from 2°F at 5:30 pm (7/15/2013) to 55°F reading discovered when arrived at clinic on Tuesday morning (7/16/2013). Readings hit 6°F at 11 pm (7/15) and 45°F at 2 am (7/16). Total time out of recommended storage temp of 5°F or below = 9 hours. (See attached document of continuous temp readings.) Freezer contained Varivax, ProQuad, and Zostavax (inventory attached).

Frozen packs stored on freezer floor and shelves in door. No recent adjustments to temp controls and no previous temp excursions noted with this freezer before 7/15.

**Action Taken (Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)**

- When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine. Store exposed vaccine in proper conditions and label it “do not use” until after you can discuss with your state/local health department and/or the manufacturer[s].)
- Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer—list all.)
- IMPORTANT: What did you do to prevent a similar problem from occurring in the future?

Upon discovery, vaccines marked “Do Not Use” and stored in 2nd clinic freezer (in exam room #3) at 1°F. Also placed “Do Not Use” note on main freezer in lab. Notified Susie Supervisor about the issue. Contacted Victor Vaccine at My State Immunization Program at 8:30 am. Provided Victor with details of event and list of vaccines in freezer. Victor said to maintain vaccines in 2nd freezer and that he would check with Merck (manufacturer of all the affected vaccines) to determine next steps. Called Jim’s Appliance Repair to examine freezer. Repairman replaced freezer door gasket and recommended removal of ~½ of freezer packs in door because size and weight of packs potentially interfered with door closing completely. No problems identified with thermostat or other mechanical components.

Removed half of freezer packs located in shelf in door, per recommendation. Reset data logger on center shelf of freezer with probe in glycol. All staff received refresher training on ensuring freezer door is closed after each use, and a reminder sign was placed prominently on freezer door.

**Results**

- What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public-purchase vaccine, follow your state/local health department instructions for vaccine disposition.)

After repair, monitored temps in empty freezer for 1 week, per state requirements. Freezer maintained 0–2°F temps for entire week. Submitted repair documentation and data logger readings to Victor Vaccine for approval and ordered replacement vaccines. Victor had checked with manufacturer.

After reviewing history and stability data, manufacturer stated vaccine was acceptable for continued use. Discussed entire situation with Susie Supervisor and clinic director, Dr. Immunize, who agreed on continued use of vaccine. Vaccine to be labeled as “use first.”

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Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org/catg.d/p3041.pdf • Item #P3041 (3/16)