

Oklahoma VFC Monthly Refrigerator Temperature Log

Month/Year: _____/_____

Refrigerator Location/ID: _____

VFC Pin: _____

Clinic: _____

Date	Time	Staff Initials	≥36°F Min	≤46°F Max	Actual Temp PM	*Take action immediately if temperature is too high or low! Alarm/Action Taken
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Instructions for completing the monthly temperature log.

1. Complete the top of the form with the month/year, refrigerator id/location, VFC Pin, and name of clinic.
2. Record min/max temperatures daily at opening of the clinic in **Fahrenheit with time and initials**.
3. Clear min/max temperature daily after recording the temperatures on the temperature log.
4. Download data logger data regularly and save to computer file. (Temp logs and data logger information must be kept for 3 years.)
5. For out-of-range temperatures refer to the VSIR Decision Tree for guidance and record action to take.
6. **Record Actual temp at end of day.**

Name of person completing form: _____

Signature: _____ Date: _____

Oklahoma VFC Monthly Refrigerator Temperature Log

Month/Year: _____/_____

Refrigerator Location/ID: _____

VFC Pin: _____

Clinic: _____

Date	Time	Staff Initials	≥36°F Min	≤46°F Max	Actual Temp PM	*Take action immediately if temperature is too high or low! Alarm/Action Taken
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Instructions for completing the monthly temperature log.

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2. Record min/max temperatures daily at opening of the clinic in **Fahrenheit with time and initials**.
3. Clear min/max temperature daily after recording the temperatures on the temperature log.
4. Download data logger data regularly and save to computer file. (Temp logs and data logger information must be kept for 3 years.)
5. For out-of-range temperatures refer to the VSIR Decision Tree for guidance and record action to take.
6. **Record Actual Temp at end of day.**

Name of person completing form: _____

Signature: _____ Date: _____

Oklahoma VFC Monthly Freezer Temperature Log

Month/Year: _____/_____

Freezer Location/ID: _____

VFC Pin: _____

Clinic: _____

Date	Time	Staff Initials	-50°F Min	≤5°F Max	Actual Temp PM	*Take action immediately if temperature is too high or low! Alarm/Action Taken
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Instructions for completing the monthly temperature log.

1. Complete the top of the form with the month/year, freezer id/location, VFC Pin, and name of clinic.
2. Record min/max temperatures daily at opening of the clinic in Fahrenheit with time and initials.
3. Clear min/max temperature daily after recording the temperatures on the temperature log.
4. Download data logger data regularly and save to computer file. (Temp logs and data logger information must be kept for 3 years.)
5. For out-of-range temperatures refer to the VSIR Decision Tree for guidance and record action to take.
6. **Record Actual temperature at the end-of-day.**

Name of person completing form: _____

Signature: _____ Date: _____



Oklahoma VFC Monthly Freezer Temperature Log

Month/Year: _____/_____

Freezer Location/ID: _____

VFC Pin: _____

Clinic: _____

Date	Time	Staff Initials	-50°F Min	≤5°F Max	Actual Temp PM	*Take action immediately if temperature is too high or low! Alarm/Action Taken
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Instructions for completing the monthly temperature log.

1. Complete the top of the form with the month/year, freezer id/location, VFC Pin, and name of clinic.
2. Record min/max temperatures daily at opening of the clinic **in Fahrenheit with time and initials.**
3. Clear min/max temperature daily after recording the temperatures on the temperature log.
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Signature: _____

Date: _____