

CELSIUS (°C) TEMPERATURE LOG

Month: _____ Days 1 – 15

REFRIGERATOR

Staff Initials																														
Time																														
Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
°C Temp	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm		
≥11	TOO WARM																													
10																														
9																														
8																														
7																														
6																														
5																														
4																														
3																														
2																														
1	TOO COLD																													
0																														
≤-1																														

FREEZER

≥-12	TOO WARM																											
-13																												
-14																												
-15																												
-16																												
-17																												
-18																												
-19																												
≤-20																												

Instructions: Place an "X" in the box that corresponds with the temperature (rows), day of the month, an am or pm (columns for your temperature check). Then enter your initials and the time you monitored the temperature in the boxes at the top of the chart.

If the temperature is in the red or blue range:

1. Store the vaccine under proper conditions as quickly as possible.
2. Call the Vermont Department of Health Immunization Program: 1-800-464-4343 (ext. 7638)
3. If you are unable to reach the Immunization Program, call the vaccine manufacturer for further assistance:
Merck: 1-800-637-2579 • **Aventis:** 1-800-822-2463 • **Wyeth:** 1-800-572-8221 • **GlaxoSmithKline:** 1-800-877-1158
4. Document, date, and sign the corrective action taken.

Check expiration dates of emergency medicines monthly! Exp. Date: _____



DEPARTMENT OF HEALTH
 healthvermont.gov
 800-464-4343 • Fax: 802-865-7701

