Pasadena Immunization Coalition
Refrigerator/Freezer Temperature Log

NAME OF CLINIC/SCHOOL _____ MONTH/YEAR _____
ADDRESS _____ PROVIDER # _____
TELEPHONE # _____ FAX # _____
REFRIGERATOR/FREEZER # _____

Temperature ranges

Refrigerator: 35°F to 46°C (2°C to 8°C)
Freezer: 5°F or colder (-15°C or colder)

Date	Temperature Please indicate °F or °C				NAME	Corrective action/ cleaned/comments
	Refrigerator		Freezer			
	AM	PM	AM	PM		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Name of person responsible for vaccine management: _____ (Please print) _____ (Phone number)

If temperature deviates from the ranges listed above, initiate your facility's corrective protocol to restore appropriate temperature.

For more free immunization resources contact the Pasadena Immunization Coalition at (626) 744-6135.