Rhode Island Department of Health

Temperature Log for Pediatric Vaccines (Celsius)

Month/Year: _____ **Days 1 - 15 (page 1)**

Practice Name: _____ **SSV Pin:** _____

***Instructions:** Place an "X" in the box that corresponds with the temperature. The Too Warm/Too Cold zones represent unacceptable temperature ranges. **If the temperature recorded is in the shaded zone: 1**. Store the vaccine under proper conditions as quickly as possible, **2**. Call the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been compromised, **3**. Document the action taken on the "Vaccine Storage Troubleshooting Record" and forward a copy to the RIDOH at 401-222-5734 (Fax).
The RIDOH may request copies of additional documentation (i.e. wheel charts) to verify that the information reported below is accurate and factual.
Call the immunization program at the health department for further assistance: (401) 222-7876 or 222-4602.

Day of Month		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Staff Initials																															
Exact Time																															
*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	am	pm
Too Warm	≥9.5*	Take immediate action if temperature is above 8.0*C. Complete and submit the "Vaccine Storage Troubleshooting Record"																													
	9.0*																														
	8.5*																														
Refrigerator Temperature Target 5.0*C	8.0*																														
	7.5*																														
	7.0*																														
	6.5*																														
	6.0*																														
	5.5*																														
	5.0*																														
	4.5*																														
	4.0*																														
	3.5*																														
	3.0*																														
	2.5*																														
	2.0*																														
Too Cold	1.5*	Take immediate action if temperature is below 2.0*C. Complete and submit the "Vaccine Storage Troubleshooting Record".																													
	1.0*																														
	0.5*																														
	0.0*																														

Too Warm	≥-12*	Take immediate action if temperature is above -15*C. Complete and submit the "Vaccine Storage Troubleshooting Record"																													
	-13*																														
	-14*																														
Freezer Temp	-15*																														
	-16*																														
	≤-17*																														

Rhode Island Department of Health

Temperature Log for Vaccines (Celsius)

Month/Year: _____ **Days 16 - 31 (page 2)**

Practice Name: _____ **SSV Pin:** _____

***Instructions:** Place an "X" in the box that corresponds with the temperature. The Too Warm/Too Cold zones represent unacceptable temperature ranges.
If the temperature recorded is in the shaded zone: 1. Store the vaccine under proper conditions as quickly as possible, **2**. Call the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been compromised, **3**. Document the action taken on the "Vaccine Storage Troubleshooting Record" and forward a copy to the RIDOH at 401-222-3805 (Fax).
The RIDOH may request copies of additional documentation (i.e. wheel charts) to verify that the information reported below is accurate and factual.
Call the immunization program at the health department for further assistance: (401) 222-7876 or 222-4602.

Day of Month		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
Staff Initials																																	
Exact Time																																	
*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	am	pm	am	pm
Too Warm	≥9.5*	Take immediate action if temperature is above 8.0*C. Complete and submit the "Vaccine Storage Troubleshooting Record"																															
	9.0*																																
	8.5*																																
Refrigerator Temperature Target 5.0*C	8.0*																																
	7.5*																																
	7.0*																																
	6.5*																																
	6.0*																																
	5.5*																																
	5.0*																																
	4.5*																																
	4.0*																																
	3.5*																																
	3.0*																																
	2.5*																																
	2.0*																																
Too Cold	1.5*	Take immediate action if temperature is below 2.0*C. Complete and submit the "Vaccine Storage Troubleshooting Record"																															
	1.0*																																
	0.5*																																
	0.0*																																

Too Warm	≥-12*	Take immediate action if temperature is above -15*C. Complete and submit the "Vaccine Storage Troubleshooting Record"																															
	-13*																																
	-14*																																
Freezer Temp	-15*																																
	-16*																																
	≤-17*																																

Rhode Island Department of Health

Vaccine Storage Troubleshooting Record

Month/Year: _____

Practice Name: _____ SSV Pin: _____

Date	Time	Storage Unit Temp	Room Temp	Problem	Action Taken	Results	Initials

Revised 8/24/2009