



COLD STORAGE EQUIPMENT RECORD
 Provider Agreement for Receipt of Publicly Supplied Vaccine
 Washington State Childhood Vaccine Program
 Office of Immunization and Child Profile

VFC PIN: _____

Facility Name: _____

Refrigerator 1		Thermometer	
Type:	Stand Alone	Type:	Digital Data Logger
(Select One: Combo units not allowed)	Pharmaceutical/Medical	(select one)	Temp Monitoring System
	Commercial/Industrial	Last Calibration Date: _____	
Manufacturer:	_____	Calibration Expiration: _____	
Model Number:	_____	Temperature Scale:	Celsius
Purchase Date:	_____	(select one)	Fahrenheit
In Use Date:	_____	Thermometer	
Freezer 1		Type:	Digital Data Logger
Type:	Stand Alone	(select one)	Temp Monitoring System
(Select One: Combo units not allowed)	Pharmaceutical/Medical	Last Calibration Date: _____	
	Commercial/Industrial	Calibration Expiration: _____	
Manufacturer:	_____	Temperature Scale:	Celsius
Model Number:	_____	(select one)	Fahrenheit
Purchase/Issue Date:	_____		
In Use Date:	_____		

2015 Thermometer Requirements For New Providers	
A new provider must use a thermometer that meets the following guidelines:	
<input type="checkbox"/>	The thermometer must be a digital data logger.
<input type="checkbox"/>	Temperature Monitoring Systems are also acceptable.
<input type="checkbox"/>	The thermometer must have a current and valid certificate of calibration.
<input type="checkbox"/>	The certificate must display ILAC-accreditation or ISO-17025 standards.
<input type="checkbox"/>	The certificate must show a thermometer accuracy of +/-1 F (0.5C)
<input type="checkbox"/>	The thermometer must have an alarm for out of range temperatures.
<input type="checkbox"/>	The thermometer must have a glycol or buffered probe.
<input type="checkbox"/>	The thermometer must have an active digital display.
<input type="checkbox"/>	The thermometer must be re-certified earlier than every 2 years, or shorter based on manufacturer recommendations.

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-255 June 2015

COLD STORAGE EQUIPMENT RECORD



VFC PIN: _____

Facility Name: _____

Refrigerator #		Thermometer	
Type:	Stand Alone	Type:	Digital Data Logger
(Select One: Combo units not allowed)	Pharmaceutical/Medical	(select one)	Temp Monitoring System
	Commercial/Industrial		
Manufacturer:	_____	Last Calibration Date:	_____
Model Number:	_____	Calibration Expiration:	_____
Purchase Date:	_____		
In Use Date:	_____	Temperature Scale:	Celsius
		(select one)	Fahrenheit
Freezer #		Thermometer	
Type:	Stand Alone	Type:	Digital Data Logger
(Select One: Combo units not allowed)	Pharmaceutical/Medical	(select one)	Temp Monitoring System
	Commercial/Industrial		
Manufacturer:	_____	Last Calibration Date:	_____
Model Number:	_____	Calibration Expiration:	_____
Purchase/Issue Date:	_____		
In Use Date:	_____	Temperature Scale:	Celsius
		(select one)	Fahrenheit
Refrigerator #		Thermometer	
Type:	Stand Alone	Type:	Digital Data Logger
(Select One: Combo units not allowed)	Pharmaceutical/Medical	(select one)	Temp Monitoring System
	Commercial/Industrial		
Manufacturer:	_____	Last Calibration Date:	_____
Model Number:	_____	Calibration Expiration:	_____
Purchase Date:	_____		
In Use Date:	_____	Temperature Scale:	Celsius
		(select one)	Fahrenheit

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