

Days 1–15

TEMPERATURE MONITORING LOG



Protect Your Vaccines

Check Temperatures Twice a Day!

Mo./Yr.: _____

Clinic Name: _____

Instructions: Place an “X” in the box that corresponds with the temperature. The shaded 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 affected, 3. **Call the immunization program at your local health department** for further assistance:(_____) _____, and 4. **Document the action taken** on this log.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Exact Time of 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	
≥49°F (9.5°C)																
48°F (8.9°C)		WARNING TOO WARM									WARNING TOO WARM					
47°F (8.4°C)		Call your Local Health Department														
46°F (7.8°C)																
45°F (7.3°C)																
44°F (6.8°C)																
43°F (6.2°C)																
42°F (5.5°C)																
41°F (5.0°C)																
40°F (4.5°C)																
39°F (3.9°C)																
38°F (3.4°C)																
37°F (2.7°C)																
36°F (2.3°C)																
35°F (1.7°C)																
34°F (1.1°C)																
33°F (0.6°C)		WARNING TOO COLD										WARNING TOO COLD				
32°F (0.0°C)		DANGER!!!														
31°F (-0.6°C)		Call your Local Health Department														
30°F (-1.1°C)		WARNING TOO COLD										WARNING TOO COLD				
29°F (-1.7°C)																
28°F (-2.3°C)																
≥8°F (-13.4°C)		WARNING TOO WARM									WARNING TOO WARM					
7°F (-13.9°C)		DANGER!!!														
6°F (-14.4°C)		Call your Local Health Department														
5°F (-15.0°C)																
4°F (-15.6°C)																
≤3°F (-16.1°C)																
Room temp																
Staff Initials																

Days 16–31

TEMPERATURE MONITORING LOG



Protect Your Vaccines

Mo./Yr.: _____

Check Temperatures Twice a Day!

Clinic Name: _____

Instructions: Place an “X” in the box that corresponds with the temperature. The shaded 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 affected, 3. **Call the immunization program at your local health department** for further assistance: (_____) _____, and 4. **Document the action taken** on this log.

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Exact Time																	
of Temp	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	
≥49°F (9.5°C)																	
48°F (8.9°C)			WARNING TOO WARM						DANGER!!!						WARNING TOO WARM		
47°F (8.4°C)								Call your Local Health Department									
46°F (7.8°C)																	
45°F (7.3°C)																	
44°F (6.8°C)																	
43°F (6.2°C)																	
42°F (5.5°C)																	
41°F (5.0°C)																	
40°F (4.5°C)																	
39°F (3.9°C)																	
38°F (3.4°C)																	
37°F (2.7°C)																	
36°F (2.3°C)																	
35°F (1.7°C)																	
34°F (1.1°C)																	
33°F (0.6°C)																	
32°F (0.0°C)			WARNING TOO COLD						DANGER!!!						WARNING TOO COLD		
31°F (-0.6°C)																	
30°F (-1.1°C)																	
29°F (-1.7°C)																	
28°F (-2.3°C)																	
≥8°F (-13.4°C)																	
7°F (-13.9°C)			WARNING TOO WARM												WARNING TOO WARM		
6°F (-14.4°C)																	
5°F (-15.0°C)																	
4°F (-15.6°C)																	
≤3°F (-16.1°C)																	
Room temp																	
Staff Initials																	