ULTRA COLD TEMPERATURE MONITORING LOG: Days 1-15 (CELSIUS) CLINIC NAME: PROVIDER PIN: MONITA & VEAR:																															
	CLINIC NAME:		PROVIDER PIN:															0	1		Washing	ton State C	epartment of								
	FREEZER NAM		MONTH & YEAR:															/ H				EALTH									
	 Enter Provider In Note the time be Record min/max INSTRUCTIONS Record current to Put an "X" in the 	ISTRUCTIONS ON RECORDING TEMPERATURES - OPTION 1 (PREFERRED) (MIN/MAX): Inter Provider Information above and write your initials below in "Staff Initials". Inter Provider Information above and write your initials below in "Staff Initials". Inter Provider Information above and write your initials below in "Staff Initials". Inter Provider Information above and write your initials below in "Staff Initials". Inter Provider Information above and write your initials below in "Staff Initials". Inter Provider Information above and write your initials below in "Staff Initials". Inter Provider Information above and write your initials below in "Staff Initials". Inter Provider Information above and write your initials below in "Staff Initials". Inter Provider Information above and write your initials below in "Staff Initials". Inter Provider Information above and write your initials below in "Staff Initials". Inter Provider Information above and write your initials below in "Staff Initials". Inter Provider Information above and write your initials below in "Staff Initials". Inter Provider Information above and write your initials below in "Staff Initials". Inter Provider Information above and write your initials below in "Staff Initials". Inter Provider Information above and write your initials below in "Staff Initials". Inter Provider Information above and write your initials below in "Staff Initials". Inter Provider Information above and write your initials below in "Staff Initials". Inter Provider Information above and write your decine write in the provider and staff Initials". Inter Provider Information above and write your decine write in the provider and staff Initials". Inter Provider Information above and write your decine write in the provider and staff Initials". Inter Provider Information above and write your decine write in the provider and staff Initials". Inter Provider Information above and write your decine write in the provider and staff Initials". Inter Provider Information above and write your decine w															by the om ten	under manu p in th ccine	prope ufactur ne "Ac Temp	er conditions as quickly as rer(s) and/or your state he tion" area on the bottom erature Excursion Guide.				possible.							
	Day of Month	1 2		2 3			4		5		6		7		8		9	9 10		10 11		1 12			13		14	\Box	15		
	Min/Max Temp																														
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	Staff Initials																												_		
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Freezer	-69°C to -90°C																														
Fre	<-90°C	WARNING TOO COLD														GER!!! er for vaccine viability WARNING TOO COLD															
	address	DATE i.e., Action Taken: Fridge cont manufacturers- vaccine viable										-																			
ijΙ	temperature/storage unit issues. Include manufacturer's																														
	determination and case number(s).																														

ULTRA COLD TEMPERATURE MONITORING LOG: Days 16-30 (CELSIUS) CLINIC NAME: PROVIDER DIN: PROVIDER DIN: PROVIDER DIN:																																
	CLINIC NAME: PROVIDER PIN:_													:								0										
	REEZER NAME/NUMBER: MONTH & YEAR													C° Washington 3													HEAL	ALTH				
	 Enter Provider Inf Note the time below Record min/max 	w in "S under t TION : vorkda	DN 1 (PREFERRED) (MIN/MAX): n "Staff Initials". 1. Lab disc disc disc 2. Rec DN 2 (CURRENT TEMP): 3. Not day. 4. For								Take action if temperature is out of range - too warm (above -60°C) or too cold (below -90°C): abel exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by the manufacturer(s) and/or your state health department. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log. Notify your vaccine coordinator and follow the Vaccine Temperature Excursion Guide. For more information, visit: www.doh.wa.gov/CVP > Storage and Handling																					
	Day of Month	16	.6 17			18	18 19			20		21 2		22	2 23		24			25		26		27		28		29		30	31	口
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Action	address	DAT /	E /		°C	-				n: Fridge control adjusted, contacted vaccine viable, case #123456																						
	temperature/storage unit issues. Include manufacturer's determination and case																		4													
	number(s).																															