| REFRIGERATOR TEMPERATURE MONITORING LOG: Days 1-15 | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--|--|------------------------------------|----------------------------|-------|---|------------|--------|--------|----------|------------|-------|------------|---------------------------|--|--|--|--|
| | CLINIC NAME | Ξ: | | | | | PROVI | DER | PIN: | | | | | F° | 100 | Washi | ngton State Department of | | | | |
| | FRIDGE NAM | IE/NUM | BER: | | | | MONT | H & Y | EAR: | | | | |] ┏ / | | V | EALTH | | | | |
| | INSTRUCTIONS 1. Enter Provider In 2. Write your initials 3. Record min/max 4. Record current te 5. Put an "X" in the 6. If any out-of-rang 7. After each month | formation ar below in "S once each w emps twice, row that cor je temp, see | nd circle if yo staff Initials," workday (sin at beginning responds to instructions | ou are record and note the ce previous r and end of the refrigera to the right. | ling in C° or e time in "Ex recording), p each workda tor's temper | act Time." preferably in ay. | | g. | Take action if temp is out of range-too warm (above 46°F / 8°C) or too cold (below 36°F Label exposed vaccine "do not use," and store it under proper conditions as quickly as ported to be the manufacturer (s) and/or your state healt department. 1. Do not discard vaccines unless directed to by the manufacturer (s) and/or your state healt department. 2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the Notify your vaccine coordinator and follow the Vaccine Temperature Excursion Guide. For more information, visit: www.doh.wa.gov/CVP > Storage and Handling 7 8 9 10 11 12 13 14 | | | | | | | | | | | | |
| | Day of Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 8 9 | | 10 | 11 | 12 | 13 | 14 | 15 | | | | |
| | Min/Max Temp | | | | | | | | | | | | | | | | | | | | |
| | Refrigerator Exact Time of | am pm | am pm | am pm | / am pm | am pm | / am pm | am Li | om am | bm | am pm | am pn | n am pm | am pm | am pm | am i pm | am i pm | | | | |
| Noi Noi | Temp | un pin | | | | uni pin | | | uni uni | p | | | | | | | | | | | |
| | Room Temp | | | | | | | | | | | | | | | | | | | | |
| | Staff Initials | | | | | | | | | | | | | | | | | | | | |
| | ≥49°F (9.5°C) | | | Ē | | | | ſ | | SFR | | | 1 : | | | | | | | | |
| e | 48°F (8.9°C) | WARNING TOO WARM DANGER!!! WARNING TOO WARM Call the manufacturer for vaccine viability | | | | | | | | | | | | | | | RM | | | | |
| tur | 47°F (8.4°C) | Call the manufacturer for vaccine viability | | | | | | | | | | | | | | | | | | | |
| era | 46°F (8°C) | | | | | | | | | | | | | | | | | | | | |
| Temperature | 45°F (7.3°C) | | | | | | | | | | | | | | | | | | | | |
| Len | 44°F (6.8°C) | | | | | | | | | | | | | | | | | | | | |
| | 43°F (6.2°C) | | | | | | | | | | | | | | | | | | | | |
| AIM | 42°F (5.5°C) for 41°F (5.0°C) | | | | | | | | | | | | | | | | | | | | |
| Allvi | 40°F (4.5°C) | | | | | | | | | | | | | | | | | | | | |
| | 39°F (3.9°C) | | | | | | | | | | | | | | | | | | | | |
| ٦ ۲ | 38°F (3.4°C) | | | | | | | | | | | | | | | | | | | | |
| rate | 37°F (2.7°C) | | | | | | | | | | | | | | | | | | | | |
| rigerator | 36°F (2°C) | | | | | | | | | | | | | | | | | | | | |
| | 35°F (1.7°C) | | | | | | | | | <u>i l</u> | | | | | | | | | | | |
| Rei | 34°F (1.1°C) | | | | | | | | DANG | SER | !!! | | | | | TOO | | | | | |
| | 33°F (0.6°C) | WAR | NING | 00 CO | | Call th | e man | ufa | cture | er fo | or vac | cine v | viabilit | | RNING | | | | | | |
| | ≤32°F (0.0°C) | | 0- 00 | | | | | | | | | | | -) | | | | | | | |
| | Please list steps taken to address | DATE 1/1 | °F /°C 48F | | | - | ol adjusted, case #1234 | | ted | | | | | | | | | | | | |
| uo | temperature/storage | ±/ ± | | manufacti | ILCIS- VALL | ine viable, | | 50 | | | | | | | | | | | | | |
| () | unit issues. Include | | | | | | | | | | | | | | | | | | | | |
| ∢ | manufacturer's determination and case | | | 1 | | | | | | | | | | | | | | | | | |
| | number(s). | | | | | | | | | | | | | | | | | | | | |

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| - | REFRIGERATOR TEMPERATURE MONITORING LOG: Days 16-31 | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------|---|--------------|---|-----------|----------|-----------|------------|----------|--------|----------|---------|--------------|---|---|---------|--------|-------------|-------|------------|----------|-----------|--------|------|-----------------------|-----------|----|
| | CLINIC NAME | : | | | | | | PR | lov | DEF | R PI | N: | | | | | | | L 0 | 1 | 0 | | | Washington State Depa | rtment of | |
| | FRIDGE NAM | | BER: | | | | | | | Н& | | | | | | | | | F°, | | , o | | | HEAL | ГН | |
| | INSTRUCTIONS | | | | | | | n if te | mp is | out of | f rang | ge - too | warm | /arm (above 46°F / 8°C) or too cold (below 36°F / 2°C): | | | | | | | | | | | | |
| | 1. Circle if you are r | | | | | | | | | | | | ore it under proper conditions as quickly as possible. | | | | | | | | | | | | | |
| | Write your initials Record min/max | | n the morning. department. | | | | | | | | | | | by the manufacturer(s) and/or your state health | | | | | | | | | | | | |
| | 4. Record current te | | Record the out-of-range temps and the room te Notify your vaccine coordinator and follow the | | | | | | | | | | | | | | | | | | | | | | | |
| | 5. Put an "X" in the 6. If any out-of-rang | | | | | | | | | | | | e Vaccine Temperature Excursion Guide. /CVP > Storage and Handling | | | | | | | | | | | | | |
| | 7. After each month | | | | | r 3 years | - | | | | | | lionne | uon, v | | mm.a | Jiiii Ma.g. | | otore | go ana | i i i ana | anng | | | | |
| | Day of Month | 16 | 17 | 18 | 3 | 19 | 20 | 2 | 21 | 22 | 2 | 23 | 2 | .4 | 2 | 5 | 26 | | 27 | 2 | 8 | 2 | 9 | 30 | 3 | 1 |
| | Min/Max Temp | | | / | / | | | | | / | / | | | / | | / | / | | | | / | | / | | pm am pr | |
| S | Refrigerator | | | | | <u> </u> | | | , | | | | | | | | | | <u> </u> | | | | | | | |
| Notes | Exact Time of | am pm | am pr | n am | pm a | m pm | am p | n am | pm | am | pm | am pm | am | pm | am | pm | am p | om a | im pr | am | pm | am | pm | am pr | am | pm |
| | Temp | | | | | | | | | | | | | | | | | | | | | | | | ┢──┥ | j |
| | Room Temp | | | | | _ | | _ | | | | | | | | | | | | | | | | | ┢──┥ | |
| | Staff Initials | | | | | | | | | | | | | | | | | | | | | | | | | |
| Θ | ≥49°F (9.5°C) | | WARNING TOO WARM DANGER!!! WARNING TOO WARM WARNING TOO WARM | | | | | | | | | | | | | | | | | | | | | | | |
| Temperature | 48°F (8.9°C) 47°F (8.4°C) | | Call the manufacturer for vaccine viability | | | | | | | | | | | | | | | | | | | | | | | |
| rat | 46°F (8°C) | | | | | | | | | | | | | | | | | | | 1 | | | | | | |
| be | 45°F (7.3°C) | | | | | | | | | | - | | | | | | | | | | | | | | ╉──┤ | |
| E E | 44°F (6.8°C) | | | | | | | - | | | - | | | | | | | + | | | | | | | ╉──╉ | |
| Ĕ | 43°F (6.2°C) | | | | | | | _ | | | | | | | | | | | | | | | | | ╉──┤ | |
| | 42°F (5.5°C) | | | | | | | | | | - | | | | | | | | | | | | | | ╉──╉ | |
| AIM 1 | | | | | | | | | | | _ | | | | | | | | | | | | | | ╋──╉ | |
| | 40°F (4.5°C) | | | | | | | | | | | | | | | | | | | | | | | | ┢──┤ | |
| | 39°F (3.9°C) | | | | | | | - | | | | | | | | | | | | | | | | | | |
| or | 38°F (3.4°C) | | | | | | | - | | | | | | | | | | | | | | | | | | |
| rat | 37°F (2.7°C) | | | | | | | | | | | | | | | | | | | | | | | | ┼──┤ | |
| efrigerator | 36°F (2°C) | | | | | | | | | | | | | | | | | | | | | | | | | |
| fri | 35°F (1.7°C) | 1 | <u>I =</u> | | | | 1 = | | | | | | | | | | <u> </u> | | | <u> </u> | | | | | <u> </u> | |
| Re | 34°F (1.1°C) | | | | | | | | | | DA | ANGE | R!! | | | | | | | <u> </u> | | | | | | |
| | 33°F (0.6°C) | | RNING | 5 TOO | | | Call 1 | he ı | ma | nuf | act | urer | for | ' va | cci | ne | via | bili | tv | | VAR | NI | NG 1 | 100 C | OLD | J |
| | ≤32°F (0.0°C) | | | | | | Can (| | | | | .ur ci | | •4 | | | T | • | ~ y | | | | | | | |
| | Please list steps taken to | | °F /°C | | | | ridge co | | - | | tacte | ed | | | | | | | | | | | | | | |
| | address temperature/ | 1/1 | 48F | manu | Ifactur | ers- vac | cine vial | ole, cas | e #12 | 3456 | | | | | | | | | | | | | | | | |
| | storage unit issues. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ac | Include manufacturer's determination and case | | | _ | | | | | | | | _ | | | | | | | | | | | | | | |
| | number(s). | | | | | | | | | | | | | | | | | | | | | | | | | |
| To rea | uest this document in and | other format | . call 1-800 | -525-0127 | . Deaf o | r hard of | hearing cu | stomers. | please | call 711 | . (Wasl | hington Rela | iy) or e | email d | oh.info | ormati | on@doh | wa.go | v. DOH 3 | 48-077. | Janua | ry 202 | 5 | | | |

| | | | | FREEZ | ER TE | MPE | RATI | JRE | MO | VITC | RIN | G L | OG | : Da | ys | 1-15 | 5 | | | | | | | | |
|---------------------|---|---------------|---|---------------|--------------|-----------|-----------|---------|----------|------------|-----------------------|--|---------|---------|--|----------|--------|---------------------------------|------------|------------------------|----|-------------|-------|--|--|
| | CLINIC NAME | Ξ: | | | | DER | | | | | | | | | F°/ | /c | 0 | 12 | Washington | ALTH | | | | | |
| | FREEZER NA | | | | | | MC | DNT | H & Y | | | | | (1 1 1 | | | | _ / | | | | | | | |
| | INSTRUCTIONS 1. Circle if you are r | ecording in (| C° or F° on | " | | | 50° | C): | | | | • | | | rm (above $5^{\circ}F$ / - $15^{\circ}C$) or too cold (below - $58^{\circ}F$ /- | | | | | | | | | | |
| | Write your initials Record min/max | once each w | vorkday (sin | ce previous r | | orning. | | pos | sible.Do | o not d | | e it under proper conditions as quickly as ted to by the manufacturer(s) and/or your state | | | | | | | | | | | | | |
| | 4. Record current te 5. Put an "X" in the | | | | | | | | | | alth depa cord the | | | temps | and tl | he room | n temr | emp in the "Action" area below. | | | | | | | |
| | 6. If any out-of-rang 7. After each month | e temp, see | instructions | to the right. | | | | | | 3. No | ify your | vaccin | ie coor | dinator | and f | ollow th | le Vac | cine Temp | erature | ature Excursion Guide. | | | | | |
| | Day of Month | 1 | 2 | 3 | | 6 | 7 | | 8 | | 9 | 10 |) | 11 | | 12 | 13 | 3 | 14 | i T | 15 | | | | |
| | Min/Max Temp | | | | | / | | / | | | 7 | | 7 | | / | / | | | | / | | | 7 | | |
| S | Freezer | | | | | | / | | | | / | | | | | | | | | | | | | | |
| Notes | Exact Time of | am pm | am pm | am pm | am pm | am p | om am | pm | am p | m ar | n pm | am | pm | am | pm | am | pm | am pm | am | pm | am | pm a | im pm | | |
| ž | Temp | | | | | | | | | | | | | | | | | | | | | | | | |
| | Room Temp | | | | | | | | | | | | | | | | | | | | | | | | |
| | Staff Initials | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8°F (-13.4°C) | | | | | | | | 0 |)AN | GEF | <u>siii</u> | | | | | | <u> </u> | | | | | | | |
| | 7°F (-13.9°C) 6°F (-14.4°C) | WA | WARNING TOO WARM Call the manufacturer for vaccine viability WARNING TOO WARM | | | | | | | | | | | | | | | | | | | | | | |
| | 5°F (-15.0°C) | | | | | | | | | | | T | | | | | Τ | | | | | | | | |
| | 4°F (-15.6°C) | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3°F (-16.1°C) | | | | | | | | | | | | | | | | | | | | | | | | |
| ar | 2°F (-16.7°C) | | | | | | | | | | | | | | | | | | | | | | | | |
| atı | 1°F (-17.2°C) | | | | | | | | | | | | | | | | | | | | | | | | |
| Jer | 0°F (-17.8°C) | | | | | | | l | | | | | | | | | | | İ | | | | | | |
| Freezer Temperature | -1°F (-18.3°C) | | | | | | | | | | | | | | | | | | | | | | | | |
| Te | -2°F (-18.9°C) | | | | | | | | | | | | | | | | | | | | | | | | |
| er | -3°F (-19.4°C) | | | | | | | | | | | | | | | | | | | | | | | | |
| ez | -4°F (-20.0°C) | | | | | | | | | | | | | | | | | | | | | | | | |
| Fre | -5°F (-20.6°C) | | | | | | | | | | | | | | | | | | | | | | | | |
| | -6°F (-21.1°C) | | | | | | | | | | | | | | | | | | | | | | | | |
| | -7°F to -58°F* | | | | | | | | | | | | | | | | | | | | | | | | |
| | <-58°F (-50°C) | | | | | | | | C | DAN | GEF | <u> </u> | | | | | | | DNU | | TO | | | | |
| | | | RNING | TOO C | | Call t | the r | nar | nufa | ctur | er f | or | vac | cine | e v | iabi | ility | | KNI | NG | | <u>5 CC</u> | OLD | | |
| | | DATE | °F /°C | i.e., Actior | n Taken: Fre | eezer co | ontrol ad | djusted | d, conta | cted | | | | | | | | | | | | | | | |
| _ | Please list steps taken to address temperature/ | 1/1 | 10F | Merck- va | ccine viable | e, case | #12345. | | | | | | | | | | | | | | | | | | |
| ction | storage unit issues. | | | | | | | | | | | | | | | | | | | | | | | | |
| \ct | Include manufacturer's | | | | | | | | | | | | | | | | | | | | | | | | |
| A | determination and case number(s). | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| *If ct | oring Mpox vaccine w | ith other fr | ozen vaccir | nes make si | ire tempera | itures in | storage | unit a | re betwe | en -25 | °C and - | -15°C | (-13°F | and +5 | °F) | | | | | | | | | | |

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| FREEZER TEMPERATURE MONITORING LOG: Days 16-31 | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|---|--|-------------------------------|----------|---------------------|-------------------------|--|---|------------------------|--------------|------------|---------------|--------------|-----------|--------------------------|----------|--|--|--|--|
| | CLINIC NAME | : | | | | | PR | lool | DER F | PIN: | | | | | F 0 | 100 | | Washington State Departs | went of | | | | |
| | FREEZER NA | | UMBE | R: | | 0 | | | H & YE | | | | je s na je s | | ∣ F° , | / C° | | Washington State Departs | н | | | | |
| | INSTRUCTIONS 1. Circle if you are r 2. Write your initials 3. Record min/max 4. Record current te 5. Put an "X" in the 6. If any out-of-rang 7. After each month | ON HOW recording in s below in " once each emps twice row that co ge temp, se | TO RECOF n C° or F° o Staff Initials workday (s , at beginning prresponds e instructio | RD TEMPERA n the tempera s," and note th ince previous ng and end o to the freezer ns to the righ | ature log. he time in " s recording" f each work 's temperat t. |), preferat (day. ture. | ie." | | ng. 2 | Take acti -50°C): Label exp Do not dis departme Record th Notify you | bel exposed vaccine "do not use," and store it under proper conditions as quickly as possible. not discard vaccines unless directed to by the manufacturer(s) and/or your state health | | | | | | | | | | | | |
| | Day of Month | 16 | 17 | 18 | 19 | 20 | 2 | 21 | 22 | 23 | 2 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | | |
| | Min/Max Temp | | | | | | | / | | | | / | | | | | | | | | | | |
| Se | Freezer | | | | | | / | / | | | | | | | | | | | | | | | |
| Notes | Exact Time of | am pm | n am pn | n am pm | am pm | am p | m am | pm | am pm | am pn | n am | pm | am pm | am pm | am pm | am pm | am pm | am pm | am pm | | | | |
| | Temp | | | | | | | | | | | | | | | | | | | | | | |
| | Room Temp | | | | | | | | | | | | | | | | | | | | | | |
| | Staff Initials | | | | | | | | | | | | | | | | | | | | | | |
| | 8°F (-13.4°C) 7°F (-13.9°C) | DANGER!!! WARNING TOO WARM WARNING TOO WARM Call the manufacturer for vaccine viability WARNING TOO WARM | | | | | | | | | | | | | | | | | | | | | |
| | 6°F (-14.4°C) | | NING 1 | | <u>RM</u> | Call | the | ma | anufa | cture | oility | | | | | | | | | | | | |
| | 5°F (-15.0°C) | | | | | | | | | | | | | | | | | | | | | | |
| | 4°F (-15.6°C) | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 3°F (-16.1°C) | | | | | | | | | | | | | | | | | | | | | | |
| ure | 2°F (-16.7°C) | | | | | | | | | | | | | | | | | | | | | | |
| Temperature | 1°F (-17.2°C) | | | | | | | | | | | | | | | | | | | | | | |
| þe | 0°F (-17.8°C) | | | | | | | | | | | | | | | | | | | | | | |
| em | -1°F (-18.3°C) | | | | | | | | | | | | | | | | | | | | | | |
| | -2°F (-18.9°C) | | | | | | | | | | | | | | | | | | | | | | |
| zer | -3°F (-19.4°C) | | | | | | | | | | | | | | | | | | | | | | |
| Freezer | -4°F (-20.0°C) | | | | | | | | | | | | | | | | | | | | | | |
| Ē | -5°F (-20.6°C) | | | | | | | | | | | | | | | | | | | | | | |
| | -6°F (-21.1°C) -7°F to -58°F* | | | | | | | | | | | | | | | | | | | | | | |
| | <-58°F (-50°C) | | | | | | | <u> </u> | i | DANG | FRI | | I | | | | | | | | | | |
| | | WAF | RNING | TOO CC | DLD | Call | the | ma | | | | | accin | e viab | ilitv | WARNI | NG TO | O COLD | | | | | |
| | Please list steps taken to | DATE | °F /°C | | n Taken: F | - reezer c | ontrol | adjust | | 1 | | | | | | | | | | | | | |
| \mathbf{a} | address temperature/ storage unit issues. | 1/1 | 10F | Merck- va | accine viat | pie, case | #1234 | 5. | | | | | | | | | | | | | | | |
| | Include manufacturer's | | | | | | | | | | | | | | | | | | | | | | |
| A | determination and case number(s). | | | | | | | | | | | | | | | | | | | | | | |
| *If sto | oring Mpox vaccine w | ith other f | frozen vaco | ines, make s | sure tempe | eratures | in stora | <mark>ge uni</mark> | <mark>t are betw</mark> | veen -25°C | and -1 | . <mark>.5°C (-</mark> | 13°F and · | +5°F) | | | | | | | | | |
| To req | uest this document in and | other forma | t, call 1-800- | 525-0127. Dea | f or hard of | hearing cu | stomers, | please | call 711 (W | ashington R | elay) or | email d | loh.informa | tion@doh.w | a.gov. DOH | 348-077, Jan | uary 2025 | | | | | | |