

BINDING MARGIN - NO WRITING

VACCINE FREEZER TEMPERATURE CHART - (WEEKLY)



Health

Date range: ____/____/____ to ____/____/____
 Facility: _____ Location: _____
 Freezer ID/name: _____

Instructions for use

Record and plot maximum, minimum and current temperatures **TWICE** daily
RESET temperature monitoring device after recording temperatures.
TAKE CORRECTIVE ACTION if temperatures out of range.

Date	AM				PM				AM				PM				AM				PM				AM				PM			
	AM	AM	PM	PM	AM	AM	PM	PM	AM	AM	PM	PM	AM	AM	PM	PM	AM	AM	PM	PM	AM	AM	PM	PM	AM	AM	PM	PM	AM	AM	PM	PM
Exact time																																
Record Max Temp																																
TOO WARM	-59 Danger! Temperatures ABOVE -60°C (Degrees Celsius) are TOO WARM. TAKE IMMEDIATE ACTION																															
° C (Degrees Celsius) ACCEPTABLE TEMPERATURE FOR PFIZER	-60																															
	-61																															
	-62																															
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TOO COLD	-91 Danger! Temperatures BELOW -90°C (Degrees Celsius) are TOO COLD. TAKE IMMEDIATE ACTION																															
Record current temp																																
Record min Temp																																
Temp RESET (tick)																																
Staff signature																																

Results reviewed and appropriate action taken by person responsible

Name: _____ Signature _____ Designation: _____ Date: _____

Document actions taken when temperatures outside of range

Date	Time	Temperature			Actions taken	Name	Signature
		Current	Min	Max			

ANY SUSPICION OF A COLD CHAIN BREACH REQUIRES IMMEDIATE REVIEW AND CORRECTIVE ACTION

- Escalate concerns immediately through your executive
- Follow the steps provided in: Freezer Temperature Monitoring Procedure