

Clinic Name _____ Circle Clinic Type: VFC or VFA or Both Month/ Year _____

FREEZER TEMPERATURE LOG -15°C to -50°C (5°F to -58°F)

Day	Name/Initial	Time	Current	Min	Max	In Range Yes or No?	Comments
1							
2							
3							
4							
5							
6							
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26							
27							
28							
29							
30							
31							

For your first entry, write your full name and initials. For all subsequent entries, use initials only. Record the current temperature, Min/Max temperatures, and assess if within range. Circle any out of range temperatures and provide comments as necessary. Refer to Nebraska Immunizations Provider Manual for questions and temperature excursion protocol.