

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

ULTRA-COLD FREEZER TEMPERATURE LOG -60°C to -90°C (-76°F to -130°F)

Day	Name/Initial	Time	Current	Min	Max	In Range Yes or No?	Comments
1							
2							
3							
4							
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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.