

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							
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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.

V. 2026