

Facility Name: _____ VFC PIN# _____ Telephone _____

NM VFC Temperature Log for Vaccines (Fahrenheit) Region 4A Unit ___ of ___ Month/Year: _____ Days 1-15

Completing this temperature log: Monitor the temperatures in both the freezer and the refrigerator compartments of your vaccine storage units at least twice each working day. Place an "X" in the box that corresponds with the temperature. Also record the ambient (room) temperature, the time of the temperature readings, and your initials. Save each month's completed form for 3 years.

If the recorded temperature is in the shaded zone: 1. Store the vaccine under proper conditions as quickly as possible. 2. Call Suzanne Cox (575) 347-2409 Ext. 6230 or VFC Immunization Program-Santa Fe (505) 827-2415 for further assistance. 3. Call the vaccine manufacturer*(s) to determine whether the potency of the vaccine(s) has been affected. 4. Document the action on the VFC Troubleshooting Record attached to these forms.

*GlaxoSmithKline 866-475-8222 Merck 800-672-6372 Wyeth 800-358-7443 Sanofi Pasteur 800-822-2463

| Day of Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|----------------|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Staff Initials | | | | | | | | | | | | | | | |
| Room Temp. | | | | | | | | | | | | | | | |
| Exact Time | | | | | | | | | | | | | | | |
| °F Temp | am pm | am pm | am pm | am pm | am pm | am pm | am pm | am pm | am pm | am pm | am pm | am pm | am pm | am pm | am pm |
| ≥ 49° | Take immediate action if temperature is in shaded section | | | | | | | | | | | | | | |
| 48° | | | | | | | | | | | | | | | |
| 47° | | | | | | | | | | | | | | | |
| 46° | | | | | | | | | | | | | | | |
| 45° | | | | | | | | | | | | | | | |
| 44° | | | | | | | | | | | | | | | |
| 43° | | | | | | | | | | | | | | | |
| 42° | | | | | | | | | | | | | | | |
| 41° | | | | | | | | | | | | | | | |
| 40° | | | | | | | | | | | | | | | |
| 39° | | | | | | | | | | | | | | | |
| 38° | | | | | | | | | | | | | | | |
| 37° | | | | | | | | | | | | | | | |
| 36° | | | | | | | | | | | | | | | |
| 35° | | | | | | | | | | | | | | | |
| 34° | Take immediate action if temperature is in shaded section | | | | | | | | | | | | | | |
| 33° | | | | | | | | | | | | | | | |
| ≤ 32° | | | | | | | | | | | | | | | |
| ≥ 8° | Take immediate action if temperature is in shaded section | | | | | | | | | | | | | | |
| 7° | | | | | | | | | | | | | | | |
| 6° | | | | | | | | | | | | | | | |
| 5° | | | | | | | | | | | | | | | |
| 4° | | | | | | | | | | | | | | | |
| ≤ 3° | | | | | | | | | | | | | | | |

Aim for 40°

Refrigerator temperature

Too warm*

Too cold*

Too warm*

Freezer temp

FAX or mail by the 1st of the month to:

FAX: (575) 347-2537

(For Chaves, Curry, DeBaca, Harding, & Quay Counties)

Suzanne Cox, (575) 347-2409, Ext 6230

9 East Challenger

Roswell, NM 88203

Download this form at <http://health.state.nm.us/immunize>. Find temp logs under Provider Information, then Vaccines for Children Program, then Temperature logs.

Revised April 2009.

Technical content reviewed by the Centers for Disease Control and Prevention, Jan. 2007.

Adapted by the Immunization Action Coalition courtesy of the Michigan Department of Community Health and the California Department of Health Services.

VFC Troubleshooting Record

| | |
|--|-----------------------|
| VFC Provider Name: _____ | Description of Event: |
| VFC PIN # _____ | |
| Prepared by: _____ | |
| Date Submitted: _____ | |
| Date of Event: _____ | |
| Refrigerator Temp: _____ Freezer Temp: _____ | |

Sanofi-Pasteur (800-822-2463) Contact Person _____ Date: _____ Time: _____ Ref# _____

| Name of Vaccine: | # of Doses: | Advice Given: |
|------------------|-------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Merck & Co. (800-672-6372) Contact Person _____ Date: _____ Time: _____ Ref# _____

| Name of Vaccine: | # of Doses: | Advice Given: |
|------------------|-------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Glaxo Smith Kline (866-475-8222) Contact Person _____ Date: _____ Time: _____ Ref# _____

| Name of Vaccine: | # of Doses: | Advice Given: |
|------------------|-------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Wyeth Vaccines (800-358-7443) Contact Person _____ Date: _____ Time: _____ Ref# _____

| Name of Vaccine: | # of Doses: | Advice Given: |
|------------------|-------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Facility Name: _____ VFC PIN# _____ Telephone _____

NM VFC Temperature Log for Vaccines (Fahrenheit) Region 4A Unit ___ of ___ Month/Year: _____ Days 16–31

Completing this temperature log: Monitor the temperatures in both the freezer and the refrigerator compartments of your vaccine storage units at least twice each working day. Place an "X" in the box that corresponds with the temperature. Also record the ambient (room) temperature, the time of the temperature readings, and your initials. Save each month's completed form for 3 years.

If the recorded temperature is in the shaded zone: 1. Store the vaccine under proper conditions as quickly as possible. 2. Call Suzanne Cox (575) 347-2409 Ext. 6230 or VFC Immunization Program-Santa Fe (505)827-2415 for further assistance. 3. Call the vaccine manufacturer*(s) to determine whether the potency of the vaccine(s) has been affected. 4. Document the action on the VFC Troubleshooting Record attached to these forms.

*GlaxoSmithKline 866-475-8222 Merck 800-672-6372 Wyeth 800-358-7443 Sanofi Pasteur 800-822-2463

| Day of Month | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|----------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Staff Initials | | | | | | | | | | | | | | | | |
| Room Temp. | | | | | | | | | | | | | | | | |
| Exact Time | | | | | | | | | | | | | | | | |
| °F Temp | am pm | am pm | am pm | am pm | am pm | am pm | am pm | am pm | am pm | am pm | am pm | am pm | am pm | am pm | am pm | am pm |
| ≥ 49° | | | | | | | | | | | | | | | | |
| 48° | | | | | | | | | | | | | | | | |
| 47° | | | | | | | | | | | | | | | | |
| 46° | | | | | | | | | | | | | | | | |
| 45° | | | | | | | | | | | | | | | | |
| 44° | | | | | | | | | | | | | | | | |
| 43° | | | | | | | | | | | | | | | | |
| 42° | | | | | | | | | | | | | | | | |
| 41° | | | | | | | | | | | | | | | | |
| 40° | | | | | | | | | | | | | | | | |
| 39° | | | | | | | | | | | | | | | | |
| 38° | | | | | | | | | | | | | | | | |
| 37° | | | | | | | | | | | | | | | | |
| 36° | | | | | | | | | | | | | | | | |
| 35° | | | | | | | | | | | | | | | | |
| 34° | | | | | | | | | | | | | | | | |
| 33° | | | | | | | | | | | | | | | | |
| ≤ 32° | | | | | | | | | | | | | | | | |
| ≥ 8° | | | | | | | | | | | | | | | | |
| 7° | | | | | | | | | | | | | | | | |
| 6° | | | | | | | | | | | | | | | | |
| 5° | | | | | | | | | | | | | | | | |
| 4° | | | | | | | | | | | | | | | | |
| ≤ 3° | | | | | | | | | | | | | | | | |

Too warm*

Refrigerator temperature

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Revised April 2009.

VFC Troubleshooting Record

| | |
|--|-----------------------|
| VFC Provider Name: _____ | Description of Event: |
| VFC PIN # _____ | |
| Prepared by: _____ | |
| Date Submitted: _____ | |
| Date of Event: _____ | |
| Refrigerator Temp: _____ Freezer Temp: _____ | |

Sanofi-Pasteur (800-822-2463) Contact Person _____ Date: _____ Time: _____ Ref# _____

| Name of Vaccine: | # of Doses: | Advice Given: |
|------------------|-------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Merck & Co. (800-672-6372) Contact Person _____ Date: _____ Time: _____ Ref# _____

| Name of Vaccine: | # of Doses: | Advice Given: |
|------------------|-------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Glaxo Smith Kline (866-475-8222) Contact Person _____ Date: _____ Time: _____ Ref# _____

| Name of Vaccine: | # of Doses: | Advice Given: |
|------------------|-------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Wyeth Vaccines (800-358-7443) Contact Person _____ Date: _____ Time: _____ Ref# _____

| Name of Vaccine: | # of Doses: | Advice Given: |
|------------------|-------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |