

Facility Name: _____ VFC PIN# _____ Telephone _____

NM VFC Temperature Log for Vaccines (Fahrenheit) Region 5 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 Debby Hanus (575) 523-7991 Ext 110 or VFC Immunization Program-Santa Fe (505) 827-2415 for further assistance. 3. Call the vaccine manufacturers* to determine whether the potency of the vaccines have been affected. 4. Document the advice given and the actions taken on the VFC Troubleshooting Record .

*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
Too warm*	Take immediate action if temperature is in shaded section														
≥ 49°															
48°															
47°															
Refrigerator temperature	Take immediate action if temperature is in shaded section														
46°															
45°															
44°															
43°															
42°															
41°															
Aim for 40°															
40°															
39°															
38°															
37°															
36°															
35°															
Too cold*	Take immediate action if temperature is in shaded section														
34°															
33°															
Freezer temp	Take immediate action if temperature is in shaded section														
Too warm*															
≥ 8°															
7°															
6°															
5°															
4°															
≤ 3°															

FAX or mail by the 1st of the month to: Debby Hanus, RN (575) 523-7991 Ext 110
FAX: 575-523-7914
 5595 Elks Rd Dona Ana Village Public Health Office
 Las Cruces, NM 88005

Download this form at www.immunizenm.org. Find temperature logs under provider information, then click on Region 5.

BE SURE THERMOMETER ALARMS ARE ALWAYS SET TO "ON" POSITION

Facility Name: _____ VFC PIN# _____ Telephone _____

NM VFC Temperature Log for Vaccines (Fahrenheit) Region 5 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.

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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
Too warm*	≥ 49°	Take immediate action if temperature is in shaded section														
	48															
	47°															
	46°															
	45°															
	44°															
	43°															
	42°															
	41°															
	40°															
Refrigerator temperature	39°															
	38°															
	37°															
	36°															
	35°															
	34°	Take immediate action if temperature is in shaded section														
	33°															
	32°															
	≤ 32°															
	Too cold*															
Too warm*	≥ 8°	Take immediate action if temperature is in shaded section														
	7°															
	6°															
	5°															
	4°															
	≤ 3°															
Freezer temp																

Aim for 40°

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