



FAHRENHEIT (°F) TEMPERATURE LOG
 NORTH DAKOTA DEPARTMENT OF HEALTH
 SFN 53775 (01-09)

Provider ID:

Month:

REFRIGERATOR 35 - 46° F																					
Day of Month	Time	Staff Initials	Temperature (°F)																		
			≥49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	≤32	
1			am																		
1			pm																		
2			am																		
2			pm																		
3			am																		
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31			pm																		

FREEZER ≤ 5° F																	
Day of Month	Time	Staff Initials	Temperature (°F)														
			≥8	7	6	5	4	≤3									
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Instructions: Plan an "X" in the box that corresponds with the temperature (columns), day of the month, and am or pm (rows) for your temperature check. Then enter your initials and the time you monitored the temperature in the appropriate boxes. **If the temperature is in the gray range:** Store vaccine under proper conditions as quickly as possible, call the vaccine manufacturers to determine whether the potency of vaccine has been affected, and call the North Dakota Immunization Program at 1-800-472-2180. Document action on the back of this form.