CELSIUS (˚C) TEMPERATURE LOG

NORTH DAKOTA DEPARTMENT OF HEALTH SFN 58468 (12-09)

Provider ID:

Month:

REFRIGERATOR 2º to 8º C																FREEZER ≤ -15º C					
Day of Month	Time	Staff Initials		≥-1	0	1	2	3	4	5	6	7	8	9	10	≤11	≥-12	-13	-14	-15	-16	≤-17
1			am pm																			
2			am pm																			
3			am pm																			
4			am pm																			
5			am pm																			
6			am pm																			
7			am pm																			
8			am pm																			
9			am pm																			
10			am pm																			
11			am pm																			
12			am pm																			
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26			am pm																			
27			am pm																			
28			am pm																			
29			am pm																			
30			am pm																			
31			am pm																			

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 800.472.2180. **Document action on the back of this form.** At the end of the month, fax to 701.328.2499.