				ı	REF	RIC	<u> SEF</u>	RAT	<u>OR</u>	TE	<u>MP</u>	ER/	<u> 4TL</u>	<u>JRE</u>	MC	<u>JNI</u>	TOF	<u>RIN</u>	<u>G L</u>	<u>OG</u>	: D	ays	1-1	5							
	CLINIC NAME	IIC NAME: PROVIDER												R PI	N:									-0		0		Washin	gton State Depa	tment of	
		ME/NUMBER: MONTH &																						:0/		,	V	H	EAL	ГН	
	1. Enter Provider In 2. Write your initials 3. Record min/max 4. Record current to 5. Put an "X" in the 6. If any out-of-rang 7. After each month	ne."	Do not discard vaccines unless dis									ot use, ss dire ss and or and	" and some cted to the t	store if by th om ter the V	t unde le mar mp in t accine	r prope nufactu the "Ac e Temp	er condrer(s) etion" a	ditions and/or area or e Excu	as qu r your s n the b ursion	ible.											
	Day of Month	of Month 1 2		2	3			1		5		5	-	7		3	9)	1	0 11			12		13		14		15	5	
	Min/Max Temp										7		7		/		7		7		7			/		7					
Ś	Refrigerator								,				•				,				•		/		′						
a	Exact Time of	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
ž	Temp																														
	Room Temp																														
	Staff Initials																														
	≥49°F (9.5°C)				-										DΔ	NC	FR	111					_	_							
و	48°F (8.9°C)	W	WARNING TOO WARM Call the manufacturer for vaccine viability WARNING TOO WARM																												
בֿ ב	47°F (8.4°C)				-				(<u> </u>	<u>th</u>	<u>e n</u>	<u>nar</u>	<u>luta</u>	act	<u>ure</u>	er to	or v	<u>/ac</u>	<u>cın</u>	<u>e v</u>	<u>iab</u>	<u>ıllıt</u>	Y							
ā	46°F (8°C)																														
be [45°F (7.3°C)																														
Temperature	44°F (6.8°C)																														
- [43°F (6.2°C)																														
	42°F (5.5°C)																														
AIM	or 41°F (5.0°C)																														
	40°F (4.5°C)																														
l	39°F (3.9°C)																														
ō	38°F (3.4°C)																													T	
īā	37°F (2.7°C)																										\neg			- 	
ge	36°F (2°C)																													1	
Refrigerator	35°F (1.7°C)																														
Re	34°F (1.1°C))						DA	NG	iER	!!!!						(107.5						<u>ה</u>
	33°F (0.6°C) ≤32°F (0.0°C)	W	AK	NIN	IG	00	CO	<u> </u>	⁾ (Call	th	e n	nan	ufa	ct	ure	r fo	or v	ac	cin	e v	iab	ilit	y	WA	RN	ING	TO	O C	OLI	
		DATE		°F /°	C	i e	Action	Taka	n. Eri	dae c	ontro	بنامد ا	isted	conta	rted																
	to address	1/1		4 8F	•					_		case #			icteu																
o	emperature/storage	-/ -		101		mail	uratil	11 612-	vacci	IIC VIC	יטוב, נ	ase H	1234	50							\vdash										
<i>(</i>)	unit issues. Include																														
Ă	manufacturer's determination and case																														
	number(s).																														

REFRIGERATOR TEMPERATURE MONITORING LOG: Days 16-31																												
	CLINIC NAMI	LINIC NAME: PROVIDER																										
	FRIDGE NAM		IBEF	₹:					MONT										Γ			V		HE/	ALT	н		
	1. Circle if you are i	recording in	C° or F	° on the	tempera	ature log.		T ! !				2°C):							varm (above 46°F / 8°C) or too cold (below 36°F / store it under proper conditions as quickly as									
	 Write your initials Record min/max 									ning.									ected to by the manufacturer(s) and/or your state									
	4. Record current to 5. Put an "X" in the											health dep					41			41 "A -	4: " -							
	6. If any out-of-rang						nperatu	ie.				 Record to Notify you 												Guide				
	7 After each month Day of Month	16	17		18	19		20	21	2:	2	23	23 24 2			25 26			27	7	28	موزاله 2	9	3(0	31		
	Min/Max Temp	/	/		/	/		7			/		/		/			十		1	7			 30				
Si	Refrigerator																							\angle				
Notes	Exact Time of	am pm	am p	om an	n pm	am pi	n am	pm	am pm	am	pm	am pm	am	pm	am	pm	am p	m a	m pn	n am	pm	am	pm	am	pm	am pm		
	Temp																					<u> </u>		i				
	Room Temp																	4				<u> </u>						
	Staff Initials							<u> </u>			_	NOT!										_						
re	≥49°F (9.5°C) 48°F (8.9°C)	WARNING TOO WARM Collaboration of the properties of the propertie															DM											
ıtu	47°F (8.4°C)	Call the manufacturer for vaccine viabilit														ty	Ľ	VAN	MIIN	<u> </u>	50	MA	VIAI					
era	46°F (8°C)																											
up	45°F (7.3°C)																											
Temperature	44°F (6.8°C)																											
	43°F (6.2°C)																											
	42°F (5.5°C)																											
AIM	for 41°F (5.0°C)																											
	40°F (4.5°C)																											
_	39°F (3.9°C)																					<u> </u>						
to	38°F (3.4°C)																					<u> </u>		ļ				
era	37°F (2.7°C)																					<u> </u>						
Refrigerator	36°F (2°C)																					<u> </u>						
lef	35°F (1.7°C)										D	ANGE	RI	11														
Œ	34°F (1.1°C) 33°F (0.6°C)	WAF	RNIN	G TO	0 C	OLD	C-1								:			_ : :	.	(V	NAR	RNII	NG 1	100	CC	LD		
	≤32°F (0.0°C)						Cai	ı tr	ne ma	nui	ac	turer	ΤΟΙ	r v a	ICCI	ne	via	OIII	τy									
	Please list steps taken	DATE	°F /°C	i.e.	, Actior	n Taken:	Fridge	cont	rol adjuste	ed, cor	ntact	ed																
u		1/1	48F	ma	nufact	urers- va	accine	viable	e, case #12	3456																		
tio	temperature/ storage unit issues. Include																											
Action	manufacturer's																											
	determination and case number(s).																											
To rec	quest this document in an	other format	t. call 1-8	200-525-0)127. De:	af or hard	of heari	ng cust	omers, pleas	se call 7	11 (W	ashington R	elav) c	or emai	l doh.ii	nforma	ation@d	h.wa.	gov. DO	H 348-0	77. Jul	v 2024	ı					

FREEZER TEMPERATURE MONITORING LOG: Days 1-15																															
	CLINIC NAME:PROVIDER PIN:																						•	/~	> 0	-	Wash	ington State De	partment of		
	FREEZER NA		/NL	JMB	BER	:										AR:										′ (V	/ H	EAL	TH
	INSTRUCTIONS 1. Circle if you are in the your initials. 2. Write your initials. 3. Record min/max. 4. Record current to your in the your initials. 5. Put an "X" in the in the your initials.	once of the control once o	ing in w in "Seach wice, at cor	C° or Staff In workdate at beg	CORE F° on litials," ay (sin ginning nds to	the te and race program	mpera note th evious end of eezer'	iture lo re time record each s temp	og. e in "Ex ding), workd	prefera lay.						Take action if temp is out of range - too warm (above 5°F / -15°C) or too cold (below -58° 50°C): 1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by the manufacturer(s) and/or your state health department. 2. Record the out-of-range temps and the room temp in the "Action" area below. 3. Notify your vaccine coordinator and follow the Vaccine Temperature Excursion Guide.															
	Day of Month	th 1 2					3 4 5						6		7	1 :	8		9	1	10 11			1	.2	13		14		1.	5
	Min/Max Temp						7		-		/	7				7		/							/	1 7		14			
Ś	Freezer																				′				/						
Notes	Exact Time of	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
ž	Temp																														
	Room Temp																														
	Staff Initials																										T				
	8°F (-13.4°C)						-						-		D/	N	GER	RIII													$\overline{}$
	7°F (-13.9°C) 6°F (-14.4°C)	Call the manufacturer for vaccine viability WARNING TOO WARM															<u> </u>														
	5°F (-15.0°C)					Ī																				Ī	$\overline{}$	Ī			
	4°F (-15.6°C)						<u> </u>																		İ		\dagger				
4	3°F (-16.1°C)																										-				_
ıre	2°F (-16.7°C)																										†				
Temperature	1°F (-17.2°C)																										 				
er	0°F (-17.8°C)																														
m	-1°F (-18.3°C)																										†				
Te	-2°F (-18.9°C)									İ																	T				
. Je	-3°F (-19.4°C)																										T				
eze	-4°F (-20.0°C)																										<u> </u>				
Freezer	-5°F (-20.6°C)																														
ш	-6°F (-21.1°C)																														
	-7°F to -58°F*																														
	<-58°F (-50°C)	WARNING TOO COLD Call the manufacture															vac	cin	e v	iab	ilit	·V	WA	RN	ING	TC	0 (OL	0		
	Please list steps taken to address temperature/	DATE °F /°C i.e., Action Taken: Freez 1/1 10F Merck- vaccine viable, c									cont	rol a	djuste																		
Ö	storage unit issues. Include manufacturer's determination and case																														
A	number(s).																														

*If storing Mpox vaccine with other frozen vaccines, make sure temperatures in storage unit are between -25°C and -15°C (-13°F and +5°F)

FREEZER TEMPERATURE MONITORING LOG: Days 16-31																														
	CLINIC NAMI			DEE	<u> </u>					IDE		_								F°	/(30	V	37	Washington:	State Depart	ment of			
	FREEZER NA					ADED	ATUDE	٥.		<u> </u>	ו אכ	H &	YE			:£ 4							F0F /	15°C)						
	1. Circle if you are 2. Write your initials 3. Record min/max 4. Record current to 5. Put an "X" in the 6. If any out-of-rang 7. After each month	recording s below ir conce eace emps twice row that ge temp,	in C° n "Staff ch wor ce, at b corres see ins	or F° or Initials, kday (si beginnir ponds tetruction	n the te ," and r ince pr ng and to the fr ns to th	empera note the evious end o reezer ne righ	ature log ne time i s recordi f each w 's tempe t.	j. n "Exac ing), pr vorkday erature	eferabl _y		e morn	iing.	2. 3.	-50°0 Label Do no depar Recor Notify	C): expose ot disca tment. rd the o	ed vac rd vac ut-of- accine	ccine ccines range e coo	"do no s unles e tempe ordinato	t use s dire s and r and	ected to	tore it by the om tem the Va	under p manuf p in the ccine T	roper acture "Action emper	conditi r(s) an on" are rature I	ons a d/or y a on t Excurs	s quick our sta	kly as ate he	as possible. health m of the log. de.		
	Day of Month	16	T	17	1 1	18	19	T	20	1 :	21	2	2	2	3	24	1	25	;	26		27	T	28	1 :	29	3	30	31	1
	Min/Max Temp					7	/		7				/		7	/	/		/	/				/		7		7		$\overline{\mathcal{I}}$
တ္က	Freezer					/					/												/		/			′	/	
otes	Exact Time of	ám p	m ai	n pm	am	pm	am p	om a	m pn	n am	pm	am	pm	am	pm	am	pm	am	pm	am p	om a	m pn	n am	ı pm	am	pm	am	pm	am	pm
ž	Temp																													
	Room Temp																													
	Staff Initials																													
	8°F (-13.4°C) 7°F (-13.9°C) 6°F (-14.4°C)	WA	DANGER!!! WARNING TOO WARM Call the manufacturer for vaccine viability WARNING TOO WARM															RM)											
	5°F (-15.0°C)		$\overline{}$		Т					T	T		110			 		<u> </u>				,	Т		T	1		_		_
	4°F (-15.6°C)				+				-														+				 	╁	╁	
	3°F (-16.1°C)		+		+							1 1				_ <u></u>					-		+		1		 	╁	╁	
ıre	2°F (-16.7°C)		+		+							1 1				_ <u></u>					-		+		1		 	╁	╁	
atc	1°F (-17.2°C)																						+				\vdash	╁	╁	
er	0°F (-17.8°C)				1																		1			<u> </u>	 	╫	+	
Temperature	-1°F (-18.3°C)															<u> </u>												-	+	
<u>le</u>	-2°F (-18.9°C)		-	1	+						1					T				-			1	1		<u> </u>		lacksquare	t	
	-3°F (-19.4°C)				1											T							1							
reezer	-4°F (-20.0°C)															T														
re	-5°F (-20.6°C)								Ī			1 1						i								Ī				
ш	-6°F (-21.1°C)																													
	-7°F to -58°F*																													
	<-58°F (-50°C)			_					_		_			DAN	IGE	R!!						_		_		_				
		WA		ING '	TOO	CC	OLD	C	all ·	the	m	anu						acci	ne	via	bili	ty	V	NAR	NIP	NG 1	<u> </u>	CC	OLD	<u> </u>
	Please list steps taken to address temperature/ storage unit issues.	DATE 1/1	°F 10	/°C)F			n Taker accine v				ntrol adjusted, contacted 12345.																			
Cti	Include manufacturer's determination and case				_																									
	number(s).	vith othe	er froz	en vacc	rines r	make	sure te	mpera:	tures i	n stor	age ur	nit are	oetw	veen -	25°C ar	nd -1	5°€ (-	-13°F a	nd +	5°F)										