



SOUTH CAROLINA REFRIGERATOR/FREEZER TEMPERATURE LOG

For Vaccine Storage Units

Site: _____ PIN: _____ Month/Year: _____

Days
1-15

		Refrigerator: <input type="checkbox"/> Centigrade <input type="checkbox"/> Fahrenheit												Freezer: <input type="checkbox"/> Centigrade <input type="checkbox"/> Fahrenheit																	
Initials:																															
Date:		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15															
Exact Time																															
Temperature	°F Temp	°C 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		
	≥ 49 °F	≥ 9 °C		*Take immediate action if temperature is in shaded area.																											
	48 °F																														
	47 °F																														
	46 °F	8 °C																													
	45 °F	7 °C																													
	44 °F																														
	43 °F	6 °C																													
	42 °F																														
	41 °F	5 °C																													
	40 °F	4 °C																													
	39 °F																														
	38 °F	3 °C																													
	37 °F																														
	36 °F	2 °C																													
	35 °F																														
	34 °F	1 °C		*Take immediate action if temperature is in shaded area.																											
	33 °F																														
	≤ 32 °F	≤ 0 °C																													
	≥ 8 °F	≥ -13 °C																													
	7 °F																														
	6 °F	-14 °C																													
	5 °F	-15 °C																													
	4 °F																														
	≤ 3 °F	≤ -16 °C																													

*If temperature is in the shaded area mark vaccine as "DO NOT USE" and call the Division of Immunization at (803) 898-0460 or 1-800-277-4687 for instructions.



SOUTH CAROLINA REFRIGERATOR/FREEZER TEMPERATURE LOG

For Vaccine Storage Units

Site: _____ PIN: _____ Month/Year: _____

**Days
16-31**

		Refrigerator: <input type="checkbox"/> Centigrade <input type="checkbox"/> Fahrenheit														Freezer: <input type="checkbox"/> Centigrade <input type="checkbox"/> Fahrenheit															
Initials:																															
Date:		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31														
Exact Time																															
Temperature	°F Temp	°C 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	
	≥ 49 °F		*Take immediate action if temperature is in shaded area.																												
	48 °F	≥ 9 °C																													
	47 °F																														
	46 °F	8 °C																													
	45 °F	7 °C																													
	44 °F																														
	43 °F	6 °C																													
	42 °F																														
	TARGET →	41 °F	5 °C																												
Refrigerator	40 °F	4 °C																													
	39 °F																														
	38 °F	3 °C																													
	37 °F																														
	36 °F	2 °C																													
	35 °F		*Take immediate action if temperature is in shaded area.																												
	34 °F	1 °C																													
33 °F																															
≤ 32 °F	≤ 0 °C																														
Freezer Temperature	≥ 8 °F	≥ -13 °C																													
	7 °F																														
	6 °F	-14 °C																													
	5 °F	-15 °C																													
	4 °F																														
	≤ 3 °F	≤ -16 °C																													

*If temperature is in the shaded area mark vaccine as "DO NOT USE" and call the Division of Immunization at (803) 898-0460 or 1-800-277-4687 for instructions.



REFRIGERATOR/FREEZER TEMPERATURE LOG

Vaccine Storage Action Plan for Temperature Excursions

PIN#:

Date	Time	Storage Unit Temp.	Room Temp	Problem	Action Taken	Results	Initials
					<p>(Required) <input type="checkbox"/> Called Immunization Division</p> <p>Spoke with:</p> <hr/>		
					<p>(Required) <input type="checkbox"/> Called Immunization Division</p> <p>Spoke with:</p> <hr/>		
					<p>(Required) <input type="checkbox"/> Called Immunization Division</p> <p>Spoke with:</p> <hr/>		

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
Refrigerator/ Freezer Temperature Log
For Vaccine Storage Units

Purpose:

The purpose of the Refrigerator/ Freezer Temperature Log is to record daily monitoring of temperatures of vaccine storage units.

Item-By-Item Instructions:

1. Provider will enter identifying information in space provided including provider name and month/year for which temperature log is being used. All information is required.
2. Provider will identify how temperature is measured in each storage unit: Circle "Centigrade" or "Fahrenheit" for each storage unit.
3. Provider will enter the initials of the person checking the temperature.
A primary vaccine coordinator and at least one back-up vaccine coordinator are responsible for performing this function to ensure the temperature readings are monitored and documented twice daily.
4. Provider will document the following information twice daily – (1) write exact time the temperature is checked in the appropriate am or pm box within the appropriate day of the month column, (2) write the temperature reading of the storage unit in the appropriate °F/°C box within the applicable refrigerator or freezer section of the log. (example: if refrigerator temperature reading is 2.9°C, write "2.9" in the 2°C box for the appropriate time and day in the refrigerator section of the log).
If the freezer temperature is ≤3°F. (or ≤-16°C.), write the actual temperature reading for the freezer in the associated °F/°C box in the appropriate am or pm column.(example: If freezer temperature reading is -18°C., enter "-18" in the ≤-16°C box for the appropriate time and day in the freezer section of the log).
5. **If there is a temperature documented in the shaded area, the following actions must be taken immediately:**
 - a. Mark vaccine as "Do Not Use"
 - b. Store the vaccine at the appropriate temperature (refer to practice site's Disaster Recovery Plan)
 - c. Contact the Immunization Division at 803-898-0460 or 800-277-4687. If excursion occurs after hours, contact the Immunization Division as soon as feasible.
 - d. Using the Vaccine Storage Action Plan for Temperature Excursions section of the Temperature Log, document actions taken following temperature excursion.
6. Provider will aim for maintaining an average temperature of 5° C or 41°F for storage of refrigerated vaccines.

Office Mechanics and Filing:

1. Providers can obtain the temperature log by contacting the Immunization Division by phone at 803-898-0460 or 800-277-4687; or by email at Immunize@dhec.sc.gov.
2. Form Retention:
 - VFC & STATE Vaccine providers: retain the original form for (3) three years as required by the Federal Immunization Program.
 - DHEC Immunization Program: retain providers' copies for (3) three years as required by the Federal Immunization Program.
 - Contracting Parties under a DHEC Memorandum of Agreement (MOA) for Adult Vaccines: Both Provider and DHEC must retain the original/copy for (6) six years.