

PIN: \_\_\_\_\_  
 Month & Year of Report: \_\_\_\_\_ / \_\_\_\_\_  
 Name of Person Completing Form: \_\_\_\_\_

**TEMPERATURE RECORDING FORM**  
**Refrigerator/Freezer Fahrenheit**

Clinic Name: \_\_\_\_\_  
 Address, City, Zip: \_\_\_\_\_  
 Telephone Number: ( \_\_\_\_ ) \_\_\_\_\_

The internal temperature of the refrigerator should range between +36 <sup>o</sup> to +46 <sup>o</sup> F and the internal temperature of the freezer should not exceed +5 <sup>o</sup> F.														Staff Initials					
Date of Month	Fahrenheit Refrigerator Temperature - check twice daily in the A.M. and P.M.												Fahrenheit Freezer Temperature		A.M.	P.M.			
	Too Cold (Record Actual Temperature)	+36 <sup>o</sup>	+37 <sup>o</sup>	+38 <sup>o</sup>	+39 <sup>o</sup>	+40 <sup>o</sup> (Target Temp.)	+41 <sup>o</sup>	+42 <sup>o</sup>	+43 <sup>o</sup>	+44 <sup>o</sup>	+45 <sup>o</sup>	+46 <sup>o</sup>	Too Warm (Record Actual Temperature)	+5 <sup>o</sup> or colder (Record Actual Temperature)			Warmer than +5 <sup>o</sup> (Record Actual Temperature)		
1	<b>WARNING - TAKE IMMEDIATE ACTION!</b>													<b>WARNING - TAKE IMMEDIATE ACTION!</b>					
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Write date of month next to all actions taken while temp was out of range: \_\_\_\_\_ Regional or local health department notified. \_\_\_\_\_ Thermostat increased. \_\_\_\_\_ Thermostat decreased. \_\_\_\_\_ Vaccine moved to another refrigerator/freezer. \_\_\_\_\_ Maintenance notified. \_\_\_\_\_ Measured temperature with a different thermometer to check accuracy of reading. \_\_\_\_\_ Refrigerator replaced. \_\_\_\_\_ Freezer replaced. \_\_\_\_\_ Other

**Instructions and vaccine warning on back of form! Destroy Prior Revisions.**

## INSTRUCTIONS:

- ⌚ Complete the form heading, please print and do not abbreviate. Be sure to include the PIN.
- ⌚ Post on refrigerator/freezer door.
- ⌚ Record refrigerator and freezer temperatures twice daily throughout the workweek, once upon staff arrival and again before leaving for the day. Record the actual **time** for the refrigerators. Record the actual **time** and **temperature** for the freezers.
- ⌚ Record the temperature by writing in “A” for morning or “P” for afternoon, in the box, under the appropriate temperature and day of the month. It is appropriate to have written an “A” and “P” in the same box, if the temperature has the same reading in the morning and afternoon. See examples:

<b>40°</b>
<b>11:20A</b>
<b>6:45 P</b>

<b>40°</b>
<b>11:20A</b>
<b>6:45 P</b>

- Refrigerator: Use the shaded column to record any temperature that is outside the range of +36° to +46° Fahrenheit or +2° to +8° Centigrade. Record the actual time and temperature for refrigerators. **Take immediate action! (Example: call health service region or local health department)**
- Freezer: Use the shaded column to record any temperature warmer than +5° Fahrenheit or -15° Centigrade. Record the actual time and temperature for freezers. **Take immediate action! (Example: call health service region or local health department)**
- ⌚ Record initials of the person checking the temperature.
- ⌚ Attach a copy of completed forms to the Monthly Biological Report Form (stock no. C-33) and return to your Health Service Region.



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### DO NOT DISCARD ANY BIOLOGICAL WITHOUT FIRST CONTACTING THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS), PHARMACY BRANCH!

When the proper storage of a biological has been interrupted (refrigerator and/or freezer mechanical failure, loss of electricity, refrigerator and/or freezer door left open, biological left unrefrigerated, etc.), immediately place the biological into proper storage and contact the DSHS, Pharmacy Branch for instructions on the use of the biological.

**DO NOT** assume that the biological is damaged or spoiled without contacting the DSHS, Pharmacy Branch at 512-458-7500.

Separate thermometers should be placed in the refrigerator and freezer.

For additional forms, contact the DSHS, Immunization Branch at (800) 252-9152.

**TEMPERATURE RECORDING FORM**  
Refrigerator/Freezer Centigrade

PIN: \_\_\_\_\_  
 Month & Year of Report: \_\_\_\_\_ / \_\_\_\_\_  
 Name of Person Completing Form: \_\_\_\_\_

Clinic Name: \_\_\_\_\_  
 Address, City, Zip: \_\_\_\_\_  
 Telephone Number: ( \_\_\_\_ ) \_\_\_\_\_

Date of Month	<i>The internal temperature of the refrigerator should range between +2° to +8° C and the internal temperature of the freezer should not exceed -15° C.</i>										Staff Initials			
	Centigrade Refrigerator Temperature - Check twice daily in the A.M. and P.M.									Centigrade Freezer Temperature		A.M.	P.M.	
	Too Cold (Record Actual Temperature)	+2°	+3°	+4°	+5° (Target Temp)	+6°	+7°	+8°	Too Warm (Record Actual Temperature)	-15° or colder (Record Actual Temperature)	-14° or warmer (Record Actual Temperature)			
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