

Provider Name: _____

Freezer Name: _____

Month: _____

Year: _____

VFC #: _____

* If temperature is outside acceptable range **OR** if the LED indicator lights are displaying anything other than a GREEN FLASH EVERY TEN SECONDS;
 1) Follow your vaccine management plan **AND** 2) Contact your VFC consultant at 1-800-282-0546

ALL temperature excursions MUST be documented on the Vaccine Storage Troubleshooting Record

DATE		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16										
Staff Initials																											
√ If GREEN LED flash																											
√ If RED LED flash																											
		LED indicator lights will flash every 10 seconds																									
°F 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
TOO WARM	8°																										
	7°																										
AIM FOR 0° F	6°																										
	5°																										
	4°																										
	3°																										
	2°																										
	1°																										
	≤0°																										

DATE		17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Staff Initials																	
√ If GREEN LED flash																	
√ If RED LED flash																	
		LED indicator lights will flash every 10 seconds															
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