



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF IMMUNIZATIONS  
 VACCINES FOR CHILDREN PROGRAM  
**TEMPERATURE LOG CELSIUS (C)**

930 Wildwood Drive  
 Jefferson City, MO 65109  
 email: vfc-smvsupport@health.mo.gov

**CLINIC NAME:** \_\_\_\_\_

**VFC PIN:** \_\_\_\_\_

**LOCATION OR NUMBER (Refrigerator)** \_\_\_\_\_ **(Freezer)** \_\_\_\_\_

**MONTH/YEAR:** \_\_\_\_\_

**Temperature Logs are due the first business day of each month.**

**Document temperatures twice daily. Trained staff shall record:** time, refrigerator and freezer AM and PM temperatures, refrigerator and freezer minimum/maximum temperatures since previous reading, initials and indicate if temperatures are in range by "Y" or "N".

**REFRIGERATOR**

(Temperature Range 2° to 8° C) (Optimum Temperature 4° C)

**FREEZER**

(Temperature Range is -15° C)

If temperatures are **NOT** in range **TAKE ACTION, CONTACT the VFC Program IMMEDIATELY and DOCUMENT the ACTION TAKEN.**

Day of Month	Time: AM	Refrigerator AM Temperature	Freezer AM Temperature	Refrigerator Min/Max Temperature	Freezer Min/Max Temperature	Staff Initials						
							Time: PM	Refrigerator PM Temperature	Freezer PM Temperature	Staff Initials	Temperatures In Range (Y/N)	
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**Action Taken:** \_\_\_\_\_  
 (Attach additional pages, if needed.) \_\_\_\_\_