



Nevada State Immunization Program Temperature Log

Form 4 Temp Log

Instructions: *If the temperature recorded is in the shaded zone:* 1. Store the vaccine under proper conditions as quickly as possible, 2. Call Karissa Loper, at the Immunization Program at (775) 684-5900 for instructions, 3. Call the vaccine manufacturer(s) to determine whether the viability of the vaccine(s) has been affected, and 4. Document the action taken on the Vaccine Incident Report and fax the form to (775) 684-8338.

Month/Year Reported:	Facility Name:	PIN #:
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Day of Month:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Time of day:																																
Temp F°	Temp C°	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	

PLEASE FAX WITH YOUR VACCINE REQUEST

Refrigerator Temp																																
≥ 49	≥ 9.5																															
48	9.0																															
47	8.5																															

Take immediate action if temperature falls in the shaded area

46	8.0																													
45	7.5																													
44	7.0																													
43	6.5																													
42	6.0																													
41	5.5																													
40	5.0																													
39	4.5																													
38	4.0																													
37	3.5																													
36	3.0																													
35	2.0																													

34	1.5																													
33	0.5																													
32	0.0																													
31	-0.5																													
30	-1.0																													
29	-1.5																													
≤ 28	≤ -2.0																													

Take immediate action if temperature falls in the shaded area

Freezer Temp																														
≥ 8	≥ -13																													
7	-14.0																													
6	-14.5																													

Take immediate action if temperature falls in the shaded area

5	-15.0																												
4	-15.5																												
≤ 3	≤ -16																												
or colder																													

Room Temp																														
Staff Initials																														

NOTE: ONLY mark temperatures for the days your facility is open - DO NOT cross out weekends or holidays.
Has this facility's vaccine contact changed: **Y / N (If yes, please submit a Provider Information Change Form)** Thermometer Exp Date _____