

Pin# _____
 Provider: _____

Contact Name: _____
 Phone# _____

Temperature Log

Month/Year _____ / _____

Please circle the scale you intend to use Celsius or Fahrenheit

Refrigerator . . . (35° - 46°F) (2° - 8°C)

Freezer . . . (5°F / -15°C or below)

Day	AM	Refrigerator	Freezer	Int.	PM	Refrigerator	Freezer	Int.
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								

Int: _____

Int: _____

Int: _____

Signature: _____

Signature: _____

Signature: _____

Please document any thermostat adjustments or follow-up notations on the reverse side of this form.

Pin# _____
Provider: _____

Contact Name: _____
Phone# _____

**Please complete this section of the temperature log only
if you have made thermostat adjustments or if
you need to indicate follow-up actions**

Day	Refrigerator Adjustment & Time	Freezer Adjustment & Time	Initial & Signature

**If you have made thermostat adjustments or indicated follow-up actions
you must send both sides of this form when faxing**

If you have questions about this form please call:
West Virginia Immunization Program
Telephone: 1-800-642-3634 Fax 1-888-558-1941