



**Off-site Vaccination Clinic  
Temperature Log for Refrigerator - Celsius**

Clinic Date: \_\_\_\_\_ PIN: \_\_\_\_\_

Site: \_\_\_\_\_

Off-site Clinic Location: \_\_\_\_\_

End of Clinic Day-Signature of Primary/BackUp Vaccine Coordinator \_\_\_\_\_

**Monitor temperatures closely!**

1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. Record the min/max temperatures of the vaccine after transport to off-site clinic.
3. Record vaccine temperatures every hour during the clinic by recording the exact temperature in the row that corresponds with the storage unit temperature.
4. At the end of the clinic record the min/max temperatures reached.
5. Record min/max temperatures again after returning vaccine to main clinic.
6. If any out-of-range temperatures, see instructions to the right.

**Take action if temperature is out of range—too warm (above 8°C) or too cold (below 2°C).**

1. Relocate the vaccines to proper conditions as quickly as possible. Label the vaccines "Do Not Use". Do not discard vaccines unless directed to by the Immunization Division
2. Record the out-of-range temperatures in the "Action" area on the bottom of the log.
3. Call the Immunization Division (803-898-0460) to determine vaccine viability and next steps.
4. Document the action taken on the "Vaccine Storage Troubleshooting Record".

Clinic Hour	Transport to Off-Site Clinic	Hour 1	Hour 2	Hour 3	Hour 4	Hour 5	Hour 6	Hour 7	Hour 8	Hour 9	Hour 10	Hour 11	Hour 12	End of Off-Site Clinic	Transport to Main Clinic
Staff Initials															
Exact Time															
<b>Danger! Temperatures above 8°C are too Warm! Write any out-of-range temps on the lines below and call Immunization Division (803-898-0460) immediately!</b>															
<b>Acceptable Temperatures</b>	Max:													Max:	Max:
	8°C														
	7°C														
	6°C														
	Aim for 5°C	Min:												Min:	Min:
	5°C														
	4°C														
	3°C														
2°C															
<b>Danger! Temperatures below 2°C are too cold! Write any out-of-range temps on the lines below and call the Immunization Division (803-898-0460) immediately!</b>															
<b>Action</b>	Write any out-of-range temps (above 8°C or below 2°C) here:														

# Vaccine Storage Troubleshooting Record (check one) Refrigerator Freezer

Use this form to document any unacceptable vaccine storage event, such as exposure of refrigerated or frozen vaccines to temperatures that are outside the manufacturers' recommended storage ranges.

<b>Date &amp; Time of Event</b> <small>If multiple, related events occurred, see Description of Event below.</small>	<b>Storage Unit Temperature</b> <small>at the time the problem was discovered</small>	<b>Room Temperature</b> <small>at the time the problem was discovered</small>	<b>Person Completing Report</b>	
	<small>When recording temperatures, indicate F (Fahrenheit) or C (Celsius).</small>			
Date:	Temp when discovered:	Temp when discovered:	Name:	
Time:	Minimum temp:	Maximum temp:	Comment (optional):	Title: <span style="float: right;">Date:</span>
<b>Description of Event</b> <i>(If multiple, related events occurred, list each date, time, and length of time out of storage.)</i>				
<ul style="list-style-type: none"> <li>General description (i.e., what happened?)</li> <li>Estimated length of time between event and last documented reading of storage temperature in acceptable range (36° to 46°F [2° to 8°C] for refrigerator; -58° to 5°F [-50° to -15°C] for freezer)</li> <li>Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (Use separate sheet if needed, but maintain the inventory with this troubleshooting record)</li> <li>At the time of the event, what else was in the storage unit? For example, were there water bottles in the refrigerator and/or frozen coolant packs in the freezer?</li> <li>Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine?</li> <li>Include any other information you feel might be relevant to understanding the event.</li> </ul>				
<b>Action Taken</b> <i>(Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)</i>				
<ul style="list-style-type: none"> <li>When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine. Store exposed vaccine in proper conditions and label it “do not use” until after you can discuss with your state/local health department and/or the manufacturer[s].)</li> <li>Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer—list all.)</li> <li>IMPORTANT: What did you do to prevent a similar problem from occurring in the future?</li> </ul>				
<b>Results</b>				
<ul style="list-style-type: none"> <li>What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public-purchase vaccine, follow your state/local health department instructions for vaccine disposition.)</li> </ul>				

**SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH**  
**South Carolina Temperature Log for Off-Site Vaccination Clinics**

**Purpose:**

The purpose of the Temperature Log for Off-Site Vaccination Clinics is to record hourly monitoring of temperatures of vaccine during an off-site vaccination clinic.

**Item-By-Item Instructions:**

1. Provider will enter identifying information in space provided including the site name the vaccine is being transported from, the off-site clinic location, provider identification number (PIN) and date of off-site clinic for which temperature log is being used. Signature of Primary or Backup Vaccine Coordinator required at the end of the clinic day. All information is required.
2. Provider will enter the initials of the person checking the temperature.
3. Provider will document the following information hourly during the off-site vaccination clinic – (1) write exact time the temperature is checked in the appropriate “hour” box. (2) write the exact temperature reading of the insulated cooler in the appropriate °C box. (example: if temperature reading is 2.9°C, write “2.9” in the 2°C box for the appropriate time).
4. Provider will record the minimum and maximum temperature of the insulated transport cooler during the transport to the off-site clinic, at the end of the off-site clinic, and during the transport to the main facility.
5. If there are out of range temperature documented, the following actions must be taken immediately:
  - a. Mark vaccine as “Do Not Use”
  - b. Store the vaccine at the appropriate temperature (at primary VFC vaccine location that the vaccines were taken)
  - c. Contact the SC VFC Program at 803-898-0460 or 800-277-4687. If excursion occurs after hours, contact SC VFC Program as soon as feasible and submit a SIMON Helpdesk Request in SIMON.
  - d. Using the Vaccine Storage Action Plan for Temperature Excursions section of the Temperature Log, document actions taken following temperature excursion.
6. Provider will aim for maintaining an average temperature of 5° C for storage of refrigerated vaccines.

**Office Mechanics and Filing:**

1. Providers can obtain the temperature log by contacting the Immunization Division by phone at 803-898-0460 or 800-277-4687; or by email at [scvfc@dph.sc.gov](mailto:scvfc@dph.sc.gov).
2. Form Retention:
  - VFC & STATE Vaccine providers: retain the original form for (3) three years as required by the Federal Immunization Program.
  - DPH Immunization Program: retain providers' copies for (3) three years as required by the Federal Immunization Program.
  - Contracting Parties under a DPH Memorandum of Agreement (MOA) for Adult Vaccines: Both Provider and DPH must retain the original/copy for (6) six years

**Under Retention schedule 15726**  
**Record Group Number 169**  
**Retention: 3 years, destroy**