



# Refrigerator Temperature Log

Record CURRENT, MIN, and MAX temperatures twice a day. Complete steps 1-4.

Month/Year 09/17  
(Days 1-8)  
Refrigerator location EWC/Wome

Step 1 Write your initials and the time of day.

*\**

Staff Initials	#	1	2	3	4	5	6	7	8
Day of Month	example	1	2	3	4	5	6	7	8
Time	8:00 am	am	11:45 am	pm	am	pm	am	pm	am

Step 2 Write CURRENT, MIN, and MAX temperatures. Circle any temperatures that are in DANGER Zone 1 or 2. Then go to step 3 (even if CURRENT temp is OK).  
If ALL temperatures are OK, go to step 4.

CURRENT	example																		
MIN	32.1																		
MAX	47.1																		

27° & lower 28° 29° 30° 31° 32° 33° 34°  
**DANGER Zone 1**  
Too cold! Go to Step 3!

35° 36° 37° 38° 39° 40° 41° 42° 43° 44° 45° 46°  
These temperatures are OK. Go to step 4.

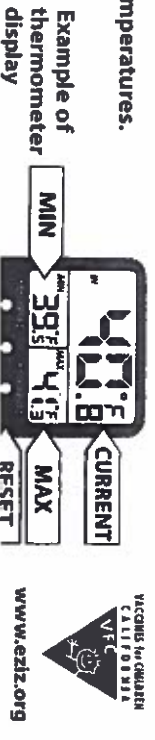
47° 48° 49° 50° 51° 52° 53° 54° & higher  
**DANGER Zone 2**  
Too warm! Go to step 3!

Step 3 If any CURRENT, MIN, or MAX temperature is in Danger Zone 1 (below 35°F) even for a short time:  
If any CURRENT, MIN, or MAX temperature is in Danger Zone 2 (above 46°F):

- Put a "Do Not Use Vaccine" sign on the refrigerator.
- Alert your supervisor immediately.
- Call the VFC Call Center (1-877-243-8832) to report the incident.
- Document the date and actions you take:

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Step 4 Press the MEMORY CLEAR/RESET button(s) on the thermometer every time you finish logging temperatures.  
If you press the MODE/ALARM button by mistake, LO and HI will display. Press it again to see MIN and MAX.



ALAMEDA HEALTH SYSTEM  
 Ambulatory Health Care Services  
 Free Standing Health Centers  
 PROCEDURE

TEMPERATURE MONITORING - APPENDIX IV - Room Temperature Monitoring Corrective Action Form

Clinic:  EASTMONT  NEWARK  WINTON Clinic Location: WOMEN Month/Year: OCT/17

- Record your corrective action. Relocate reagents if required. Evaluate adverse effects by running controls on contents.
- Contact the Ambulatory Health Care Service Point of Care Testing Coordinator (X57357) for any questions.
- Maintain form in the POCT log book and submit a copy to the Point-of-Care Testing Coordinator once a month.
- Use a new sheet for EACH month.

Date & Time of Discrepancy (Include reagent and control lot numbers if appropriate.)	Nature of Problem (Briefly describe the nature of the procedural or instrument problem)	Name & Title of Individual Completing Report.	Action Taken (Describe below the action taken to resolve the problem & include specific procedure referral where necessary)
10/19/2017 11:45am	Out of range temp CUR = 28.9°F	Hassan, Poed	Refrigerator door properly closed, reset temperature. To recheck in an hour (12:45pm), Charge nurse notified.
10/19/2017 12:45pm	Temp recheck CUR = 35.7°F	Hassan, Poed	Notified charge nurse. No further action needed.