

## 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 Glenn Witt, 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:  Day of Month: 1 2 3 4 5 6 7													Fa	aci	lity Name:													PIN #:																													
Day of	Month:	1		2	3		4	5	;	6		7	8	3	9	)	1	0	11		12		13	7	14	1	5	16		17		18	1	9	20	0	2	1	22	:	23		24		25		26	2	27	2	28	29	<del>-</del> ∓	30	$\top$	31	-
Time o	of day:																																																								
Temp F°	Temp C°	AM F	PM AM	РМ	AM P	M AN	PM	AM	PM .	AM F	PM AN	и РМ	AM	PM	AM	РМ	AM	РМ				_		•																PM A	АМ Р	МА	M Pi	M AM	/ PN	Λ	/ PN	AM	PM	AM	PM	AM	PM /	AM F	PM A	МЕ	N
Refriger	ator Ten	пр																	P	LE	A	SE	F	١X	W	ITI	H١	0	UR	۲ V	Ά(	CC	INI	E F	RE	Ql	JE	ST	•																		
≥ 49	≥ 9.5																																																								
48	9.0																	Ta	ke i	mm	iedi	iate	act	ion	if t	emį	pera	atur	e fa	ills	in t	he s	shad	ded	l are	ea																					
47	8.5																																																								
46	8.0	П																																						T					T		T						$\exists$		Т	Т	
45	7.5	Ħ																																																			T		T	T	
44	7.0																																																				T		T		
43	6.5																																																							I	
42	6.0																																																							I	
41	5.5																																																						╙		
40	5.0																																																							╽	
39	4.5																																																				$\bot$		$\bot$	$\downarrow$	_
38	4.0																																																				_		$\perp$	4	_
37	3.5																													_	-									_		_		_	<u> </u>					-	-		4	_	4	4	_
36	3.0																_			-				-					-	-	-									-		-	-	-	-	-	-						+		+	+	_
35	2.0	ш		Ш				Ш		_		1	Ш			!	!		_	_				<u> </u>			Ш	_	_		_		<u> </u>		Ш	!	!				_		_				<u> </u>					Ш	<u></u>	_	—	4	_
34	1.5																																																								
33	0.5																																																								
32	0.0																																																								
31	-0.5																	Ta	ke i	mm	iedi	iate	act	ion	if t	emį	oera	atur	e fa	ills	in t	he s	shad	ded	are	ea																					
30	-1.0																																																								
29 ≤ 28	-1.5 ≤ -2.0																																																								
Freezer	1 <b>emp</b> ≥ -13																																																								
≥ 8 7	-14.0																	<b>T</b> 5	ba i	mn	d	iata	301	ion	if t		nar	) >++++	a fa	.II.e	in f	ho i	shad	do	l or																						
6	-14.5																		<i>!!</i>		ieu.	ale	au	<i>IOII</i>		<i>-1111</i>	UC1 (	r.cu				//E .	Silat	<i>yeu</i>	laic	-a																					
, , , , , , , , , , , , , , , , , , ,	17.0	liiiiilii																																																	1						-
5	-15.0	Ш		Ш																															Ш																	Ш	$\perp$		$\perp$	$\perp$	_
4	-15.5	Ш		Щ		$\perp$	$\sqcup$		_			1_						_			1				_					$\downarrow$		1	1_		Ш			_	_	_	_	$\perp$					_					$\bigsqcup$	$\perp$	_	$\bot$	$\downarrow$	_
≤ 3	≤ -16	$\sqcup$		Ш		_	$\sqcup$		_	_	$\perp$		Щ			_	_	_	_	-	4	-	1	1				_	-	$\downarrow$	-	1	-		Ш	_	_	_	_	_	-	$\perp$	$\perp$	_	_	-	1			_	_	$\sqcup$	$\dashv$	_	4	4	_
or co	older																																							_										1	1		丄		丄	$\perp$	_
Room T	emp																	Ţ																																			$\top$		$\top$	$\top$	_
Staff Ini	tials	H				1	T		7	t			H					1	t		T	$\dagger$	t	H					$\vdash$	t	$\dagger$	t	1					7	$\dashv$	-	$\dagger$	$\dagger$	$\dagger$	+	T	T	$\dagger$	H	H	T	T	$\Box$	+	$\dashv$	+	$\dagger$	-
NOTE: (																																																							$\bot$	⊥	

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\_\_\_\_\_