It is required that temperatures are reviewed within each vaccine storage unit twice a day and the minimum and maximum temperatures are reviewed each morning. Document time temperatures were taken each day the clinic is open. Follow appropriate procedures to evaluate a new alarm and document follow-up on the data logger print out; clear the alarm on the data logger.

| Unit Type (circle): | Fridge | Freezer | UC Freezer |
|---------------------|--------|---------|------------|
| Unit Location | | | |

Month/Year_____ Provider PIN#_____

| | | | | Morning (AM) | | | | | Afternoon (PM) | | |
|-----------------|--------------------------------|------------|--------------------------|---------------|----------------|---------------|------------|--------------------------|----------------|-----------------|----|
| Day of Month | Daily Min/Max Temp in °C | Time AM | Current Temp in °C | Name/Initials | New A (Cire | larm? cle) | Time PM | Current Temp in °C | Name/Initials | New Al (Circ | |
| 1 | | | | | Yes | No | | | | Yes | No |
| 2 | | | | | Yes | No | | | | Yes | No |
| 3 | | | | | Yes | No | | | | Yes | No |
| 4 | | | | | Yes | No | | | | Yes | No |
| 5 | | | | | Yes | No | | | | Yes | No |
| 6 | | | | | Yes | No | | | | Yes | No |
| 7 | | | | | Yes | No | | | | Yes | No |
| 8 | | | | | Yes | No | | | | Yes | No |
| 9 | | | | | Yes | No | | | | Yes | No |
| 10 | | | | | Yes | No | | | | Yes | No |
| 11 | | | | | Yes | No | | | | Yes | No |
| 12 | | | | | Yes | No | | | | Yes | No |
| 13 | | | | | Yes | No | | | | Yes | No |
| 14 | | | | | Yes | No | | | | Yes | No |
| 15 | | | | | Yes | No | | | | Yes | No |
| 16 | | | | | Yes | No | | | | Yes | No |
| 17 | | | | | Yes | No | | | | Yes | No |
| 18 | | | | | Yes | No | | | | Yes | No |
| 19 | | | | | Yes | No | | | | Yes | No |
| 20 | | | | | Yes | No | | | | Yes | No |
| 21 | | | | | Yes | No | | | | Yes | No |
| 22 | | | | | Yes | No | | | | Yes | No |
| 23 | | | | | Yes | No | | | | Yes | No |
| 24 | | | | | Yes | No | | | | Yes | No |
| 25 | | | | | Yes | No | | | | Yes | No |
| 26 | | | | | Yes | No | | | | Yes | No |
| 27 | | | | | Yes | No | | | | Yes | No |
| 28 | | | | | Yes | No | | | | Yes | No |
| 29 | | | | | Yes | No | | | | Yes | No |
| 30 | | | | | Yes | No | | | | Yes | No |
| 31 | | | | | Yes | No | | | | Yes | No |
| | | | | | | | | | | | |

| | | | U | ease indicate the category of the event below. | | | |
|------------|-----|-----|-----------------|--|--|--|--|
| Alarm Date | Tin | ne | Category | | | | |
| | DAM | ПЬМ | □Non-Reportable | Reportable | | | |
| | DAM | ШРМ | □Non-Reportable | Reportable | | | |
| | DAM | □PM | □Non-Reportable | □ Reportable | | | |
| | DAM | □PM | □Non-Reportable | Reportable | | | |
| | DAM | □PM | □Non-Reportable | Reportable | | | |
| | DAM | □PM | □Non-Reportable | Reportable | | | |
| | DAM | □PM | □Non-Reportable | Reportable | | | |
| | MAD | □PM | □Non-Reportable | □ Reportable | | | |
| | DAM | □PM | □Non-Reportable | □ Reportable | | | |
| | MAD | □PM | □Non-Reportable | Reportable | | | |
| | MAC | □PM | □Non-Reportable | □Reportable | | | |
| | DAM | □PM | □Non-Reportable | □Reportable | | | |
| | DAM | □PM | □Non-Reportable | Reportable | | | |
| | DAM | □PM | □Non-Reportable | □Reportable | | | |

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The first time a new alarm is noted, download the data logger report, guarantine the product with a "do not use until notified by TVPDIP" sign, and Call 800-404-3006 or email Temperature.Health@tn.gov to report the temperature excursion. Please include your PIN number, a good contact phone number, the reason for submitting the report, and a list of the inventory affected if you choose to email the excursion information. The inventory listed must include brand Name, LOT numbers, expiration dates, and the quantity of doses affected.

Please note, the temperature excursion business hours are 8:00 AM to 4:30 PM Monday through Friday. We are closed on all Tennessee state holidays. You must report all excursions within 1 business day.

If you have a non-reportable alarm, please document this with your weekly printouts of your DDL and notate the reason the alarm was unreportable IE no vaccine in unit due to defrost, alarm parameters set incorrectly, etc. If vaccine was not in the unit, you must document the date and time vaccine was removed and returned (if applicable) to the unit.

Tennessee Vaccine-Preventable Diseases and Immunization Program at 800-404-3006 or 615-741-7247