

VACCINE STORAGE TROUBLESHOOTING RECORD

Facility Name: _____ VFC PIN: _____

Storage Unit (Main, 1, 2, 3): _____ Clinic Signature: _____

A typed signature is acceptable

Date of Event	Min/Max Storage Unit Temperature	Describe Event (Door left ajar, power outage, vaccines left on counter overnight, etc.)	Action Taken (Thermostat adjusted at-time, temperature rechecked at time, repair company called to fix storage unit, etc.)	Results	Staff Initials