Temperature Recording Form

Clinic Code: _____ **Facility/Organization Name:** _____ **Month/Year:** _____

Street Address: _____ **(where refrigerator is located)**

Day	Freezer Temperature and Time		Refrigerator Temperature and Time		Initials of recorder
	Temp./Time AM	Temp./Time PM	Temp./Time AM	Temp./Time PM	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Temperature Conversion Chart	
Fahrenheit	Centigrade
- 20	- 29
- 15	- 26
- 10	- 23
- 5	- 21
0	- 18
5	- 15
10	- 12
15	- 9
20	- 7
25	- 4
30	- 1
32	0
34	1
36	2
38	3
40	4
42	6
44	7
46	8
48	9
50	10
52	11
54	12
56	13
58	14
60	16
65	18
70	21
75	24
80	27
85	29
90	32
95	35
100	38
105	41
110	43
115	46
120	49

The internal temperature of the refrigerator should range between 35° - 46° F or 2° - 8° C.

The internal temperature of the freezer must be 32° F (0° C) or below for OPV.

The internal temperature of the freezer must be 5° F (-15° C) or below for Varicella.

* Return the completed form to the San Antonio Metropolitan Health District.
* If there is a temperature problem, please call 921-1178 or 921-1179 for assistance.

San Antonio Metropolitan Health District, Immunization Division, 2/2001