

COVID-19 Pfizer Vaccine

Ultra-Low Freezer Temperature Form



Ultra-Low Freezer Temperature Form

Month:

Year:

Location:

Day of Month	Morning					Afternoon					
	Time	Temperature			Initials	Time	Temperature			Initials	
		Current	Minimum	Maximum			Room	Current	Minimum		Maximum
1											
2											
3											
4											
5											
6											

Record temperatures twice daily at the start and end of each work day. Take immediate action if the temperature is out of range.

December 2020