



Cold Chain Variance Log

Date		Time	
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Person/s Responsible	
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Vaccine refrigerator reported outside 2°-8°	Date	
	Time	
Minimum/maximum last read and reset	Date	
	Time	
Possible length of exceeding temperatures	Hours	
	Minutes	
Temperature recorded at _____ °C		
<input type="checkbox"/> Less than 0°C	<input type="checkbox"/> Between 0°C & 2°C	<input type="checkbox"/> Between 8°C & 12°C
		<input type="checkbox"/> Above 12°C

Vaccine Details – Use this table and/or reverse side			
Vaccine	No of Vaccines	Batch Numbers	Use By Date

Action Taken					
DoH/Relevant Vaccines Body Contacted		Yes	No	Date	
Instructions Received		Yes	No	Date	
Details of Instructions:					
Instructions Completed		Yes	No	Date	
Staff Member					
Signature			Date		

