

# Childhood Vaccine Program

Office of Immunization | (360) 236-2829 | [doh.wa.gov/cvp](http://doh.wa.gov/cvp) | [wachildhoodvaccines@doh.wa.gov](mailto:wachildhoodvaccines@doh.wa.gov)

## Alternative Temperature Display Request Form

**Instructions:** Please complete this form and print clearly.

**Federal requirements with regard to temperature monitoring systems have changed.** ALL providers enrolled in the Childhood Vaccine Program must use a digital data logger or a temperature monitoring system. The device must have continuous monitoring, recording capabilities, and a digital display. Providers who own systems that do not have a display must apply for an exemption from the Washington State Childhood Vaccine Program by filling out and submitting this document. Once approved, the exemption must be kept with the facility’s vaccine management plan.

### STEP 1: Provider Information

Facility Name & PIN	
Primary Contact Name	
Primary Contact Phone	
Primary Contact Email	
Back-up Contact Name	
Back-up Contact Phone	
Back-up Contact Email	

### STEP 2: Business Need

Please describe the reason your organization requests use of an alternative method to review temperature data. What challenges or barriers do you face? What is the business need? If more room is needed, please attach additional page(s).

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STEP 3: Temperature Monitoring System Without A Digital Display Plan
<p>Providers must have a plan for the use of an alternative method to review temperature data. Please draft a plan with the following information:</p> <ul style="list-style-type: none"> <li>• <b>The demographic information listed in Step 1.</b></li> <li>• <b>Temperature Monitoring Management</b> <ul style="list-style-type: none"> <li>○ What type(s) of temperature monitoring devices will your organization use?</li> <li>○ Who will have access to review temperature data?</li> <li>○ How often will employees be trained on how to access temperature data?</li> </ul> </li> <li>• <b>Temperature Monitoring Logistics</b> <ul style="list-style-type: none"> <li>○ What alternative display screen will your facility use to review temperature data?</li> <li>○ How far away are your units from the alternative digital display?</li> <li>○ Providers must record temperatures twice a day. How will your facility get this information?</li> <li>○ How might inclement weather or emergencies affect your ability to review data?</li> <li>○ What is your backup plan?</li> </ul> </li> <li>• <b>Temperature Monitoring Request Procedures</b> <ul style="list-style-type: none"> <li>○ Please write instructions for clinic staff to follow to request access to view temperature data.</li> </ul> </li> </ul>

STEP 4: Signature	
Person Submitting Document	
Signature	
Date Submitted	

STEP 5: Submission
<p>Email this document to: <a href="mailto:WChildhoodVaccines@doh.wa.gov">WChildhoodVaccines@doh.wa.gov</a> with the subject line “Alternative Temperature Display Request Form.” If we have any questions, you will be contacted directly.</p> <p>You will receive a response via email with our decision. If your organization receives an exemption, you will receive the approved document in your email. The document will be valid for 2 years. Each site must have a copy of the alternative temperature display with their vaccine management plan.</p>

DOH ONLY	
Date Received	
Status	<input type="checkbox"/> Approved, Date _____ <input type="checkbox"/> Declined, Date _____