**Please feel free to copy, duplicate, and print the following**

**temperature logs, results logs, and recording logs and develop your own internal documents for your rapid testing program.**

**Rapid Testing Kit Storage Temperature Log**

|  |
| --- |
| **Thermometer location:** |
| **Rapid test kit brands monitored:** |
| **Acceptable temperature range:** 8°C to 27°C (46°F to 80°F). Recommended to keep kits at room temperature. |
| **Month/Year** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Temperature** | **Min** | **Max** | **Initials** | **Day** | **Temperature** | **Min** | **Max** | **Initials** |
| **1** |  |  |  |  | **17** |  |  |  |  |
| **2** |  |  |  |  | **18** |  |  |  |  |
| **3** |  |  |  |  | **19** |  |  |  |  |
| **4** |  |  |  |  | **20** |  |  |  |  |
| **5** |  |  |  |  | **21** |  |  |  |  |
| **6** |  |  |  |  | **22** |  |  |  |  |
| **7** |  |  |  |  | **23** |  |  |  |  |
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| **10** |  |  |  |  | **26** |  |  |  |  |
| **11** |  |  |  |  | **27** |  |  |  |  |
| **12** |  |  |  |  | **28** |  |  |  |  |
| **13** |  |  |  |  | **29** |  |  |  |  |
| **14** |  |  |  |  | **30** |  |  |  |  |
| **15** |  |  |  |  | **31** |  |  |  |  |
| **16** |  |  |  |  |  |  |  |  |  |

**NOTE:** Periodically (e.g., every six months) check thermometer performance and document. Min/Max thermometers maintain a record of the highest and lowest temperature recorded during an observation period and are highly recommended.

Kits should be checked at least once a week with a preference to daily monitoring. Weekly monitoring should be performed with a min/max thermometer in place.

**Corrective Action**

|  |  |  |
| --- | --- | --- |
| **Date** | **Action Taken** | **Initials** |
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|  |  |
| --- | --- |
| **Reviewed by:** | **Date:**  |

**Rapid Testing Control Storage Temperature Log**

|  |
| --- |
| **Thermometer location:** |
| **Rapid test kit brands monitored:** |
| **Acceptable temperature range: 2°C to 8°C (35°F to 46°F)** |
| **Month/Year** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Temperature** | **Min** | **Max** | **Initials** | **Day** | **Temperature** | **Min** | **Max** | **Initials** |
| **1** |  |  |  |  | **17** |  |  |  |  |
| **2** |  |  |  |  | **18** |  |  |  |  |
| **3** |  |  |  |  | **19** |  |  |  |  |
| **4** |  |  |  |  | **20** |  |  |  |  |
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| **15** |  |  |  |  | **31** |  |  |  |  |
| **16** |  |  |  |  |  |  |  |  |  |

**NOTE:** Periodically (e.g., every six months) check thermometer performance and document.
Min/Max thermometers maintain a record of the highest and lowest temperature recorded during an observation period and are highly recommended.

Controls should be checked at least once a week with a preference to daily monitoring. Weekly monitoring should be performed with a min/max thermometer in place.

**Corrective Action**

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| **Date** | **Action Taken** | **Initials** |
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| --- | --- |
| **Reviewed by:** | **Date:** |

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| **RAPID TEST KIT INVENTORY (to be completed on the last business day of every month)** |
| **Agency Name:**  |
| **Name of Staff:**  |
| **Completed for (Month/Year):**  |
| **Date Completed:**  |
| **Brand Name** | **# Test Kits on Hand** | **Test Kits Expiration Date** | **# Controls on Hand** | **Controls Expiration Date** |
| OraQuick HIV |   |   |   |   |
| Determine Combo |   |   |   |   |
| INSTI |   |   |   |   |
| Syphilis Health Check |   |   |   |   |
| OraQuick HCV |   |   |   |   |
| Indicate Other Brands Below: |   |   |   |   |
|  |   |   |   |   |
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|   |   |   |   |   |
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*Rapid Testing Team – 01/08/2020*

**Rapid Testing Kit Results Log**



**Rapid Testing Control Results Log**



**Example Rapid HIV Testing Training Records Log**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff Member Name** | **OraQuick HIV/HCV** | **Determine Combo** | **INSTI** | **Syphilis Health Check** | **Whetstone** | **Safe Work Habits** | **Bloodborne Pathogens** |
|  | Date:Provided by:* State
* Manufacturer
* Internal Agency
* Other
 | Date:Provided by:* State
* Manufacturer
* Internal Agency
* Other
 | Date:Provided by:* State
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* Internal Agency
* Other
 | Date:Provided by:* State
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* Other
 | Date:Provided by:* State
* Manufacturer
* Internal Agency
* Other
 |

Please list the name of each staff member who conducts rapid testing. Indicate the date of their most recent training and who provided the training. Keep a record of this document for internal use and update as needed. **As different brands of rapid test kits come in, make sure to edit this internal template to reflect the current rapid test brand availability.**

