PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

DAILY COLD TEMPERATURE LOG SHEET

Instructions:
Monitor & record refrigerator and freezer temperatures daily [at open.] Take and Record corrective actions when temperatures are above acceptable limits. The supervisor verifies monthly that the process is being followed. Maintain completed logs for one year min. See the next page for an example.

MONTH:		**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**
Fridges (4°C or less)																																
Walk-in	AM																															
	PM																															
Reach-In #1	AM																															
	PM																															
Reach-In #2	AM																															
	PM																															
Employee Initials																																
Supervisor Initials																																
Corrective Action(s) (date / issue(s) / action(s) taken):																																
FREEZERS (Foods products frozen to touch)																																
Walk-In Freezer																																
Chest Freezer																																
Employee Initials																																
Supervisor Initials																																
Corrective Action(s) (date / issue(s) / action(s) taken):																																

Verified by (Supervisor or Manager): _____**/Verified on (date):** _____

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EXAMPLE:

Note that the form and instructions can be modified to include both a morning and afternoon temperature check or to specify another time for temperatures to be checked.

MONTH:		**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**
Fridges (4°C or less)																																
Walk-in	AM	3C	3C	4C	3C	4C																										
	PM	4C	4C	4C	3C	4C																										
Reach-In #1	AM	2C	3C	3C	4C	3C																										
	PM																															
Reach-In #2	AM	2C	3C	3C	4C	3C																										
	PM																															
Employee Initials		*PD*	*PD*	*PD*	*PD*	*PD*																										
Supervisor Initials		*OJ*	*OJ*	*OJ*	*OJ*	*OJ*																										
Corrective Action(s) (date / issue(s) / action(s) taken):																																
FREEZERS (Foods products frozen to touch)																																
Walk-In Freezer		✔	✔	✔	✔	✔																										
Chest Freezer		✔	✔	✔	✔	✔																										
Employee Initials		*PD*	*PD*	*PD*	*PD*	*PD*																										
Supervisor Initials		*OJ*	*OJ*	*OJ*	*OJ*	*OJ*																										
Corrective Action(s) (date / issue(s) / action(s) taken):																																

Verified by (Supervisor or Manager): JILLIAN SMITH /Verified on (date):_____