Refrigerator Tempeature Check

Room: _____ Thermometer Start Date/Due Date: _____ /_____

Refrigerator ID: _____ Acceptable Temperature Limits for Refrigerator (°C): **≤6(not frozen)**

Thermometer ID: _____ Supervisor review for archival (initials): _____

Date	Time	Initials	In Compliance (Y/N)	Comments for Corrective Action