Heartland Health Region

Building a region of healthy people and healthy communities!

HealthLine
1-877-800-0002

COOLER/FREEZER:_____

COOLER TEMPERATURES SHOULD BE TAKEN ONCE PER SHIFT FREEZER TEMPERATURES ONCE PER DAY

DATE/TIME TEMP TAKEN	TEMPERATURE (4ºC/40ºF Cooler -18ºC/0ºF Freezer)	INTIALS OF PERSON MONITORING TEMPERATURES

NOTE: Always use an accurate thermometer
Post Form on Door of Each Cooler
Keep this AUDIT FORM, on file for 2 years for purposes of accountability and liability.
Use this form to educate all staff in your organization.