

Fridge/Freezer Temperature Record											
Date of check	Checked by: (initials)	Time	Cabinet temperatures °C						Action required/ notes	Action completed (date)	Supervisor (initials)
			1	2	3	4	5	6			
Monday		a.m.									
		/ /	p.m.								
Tuesday		a.m.									
		/ /	p.m.								
Wednesday		a.m.									
		/ /	p.m.								
Thursday		a.m.									
		/ /	p.m.								
Friday		a.m.									
		/ /	p.m.								
Saturday		a.m.									
		/ /	p.m.								
Sunday		a.m.									
		/ /	p.m.								

Fridge/Freezer Checklist				
Cabinet Number	Fridge/Freezer	Location	Critical temperatures	
			Normal operation	Action required
1			Below ____ °C	Above ____ °C
2			Below ____ °C	Above ____ °C
3			Below ____ °C	Above ____ °C
4			Below ____ °C	Above ____ °C
5			Below ____ °C	Above ____ °C
6			Below ____ °C	Above ____ °C
7			Below ____ °C	Above ____ °C
8			Below ____ °C	Above ____ °C
column 1	column 2	column 3	column 4	column 5
Times at which checks to be carried out:			a.m.	p.m.
Person responsible for carrying out checks:				
Supervisor or person to whom faults should be reported :				