Daily/Weekly Temperature Log
Refrigerator / Freezer

Agency Name: _____ Month & Year _____

Type of Unit: ☐ Refrigerator ☐ Walk-In Cooler ☐ Walk-In Freezer ☐ Chest Freezer ☐ Upright

Location of Unit: _____

Date	Time	Temperature	Signature	Comments

Instructions

Post on each freezer or cooler unit used for storage. Recordings are required when program is in operation.

- Completed logs must be retained for 1year or 3 years if your organization participates in the USDA program.