

CENTRAL DISTRICT HEALTH DEPARTMENT - Temperature Monitoring Log

ESTABLISHMENT NAME

ESTABLISHMENT ADDRESS

PHONE#

HOT/COLD FOODS									
COOLING UNIT									
DATE									
HOUR	TEMP								
6:00 AM									
7:00 AM									
8:00 AM									
9:00 AM									
10:00 AM									
11:00 AM									
NOON									
1:00 PM									
2:00 PM									
3:00 PM									
4:00 PM									
5:00 PM									
6:00 PM									
7:00 PM									
8:00 PM									
9:00 PM									
10:00 PM									

Person in Charge Signature

Printed Name

Date

EHS Signature

Printed Name

Date

Approved _____ Not Approved _____