

## CENTRAL DISTRICT HEALTH - Temperature Monitoring Log

ESTABLISHMENT NAME

ESTABLISHMENT ADDRESS

PHONE#

HOT/COLD FOODS									
COOLING UNIT									
DATE									
hour	TEMP	TEMP	TEMP	TEMP	TEMP	TEMP	TEMP	TEMP	TEMP
6am									
7am									
8am									
9am									
10am									
11am									
Noon									
1pm									
2pm									
3pm									
4pm									
5pm									
6pm									
7pm									
8pm									
9pm									
10pm									

Person in Charge Signature

Printed Name

Date

EHS Signature

Printed Name

Date

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_