

Medication Room Temperature Log - Fahrenheit

Month/Year: _____ Days 1-15

Program Name:

Completing this temperature log: Check the temperature in the medication room EACH WORKING DAY. Place an "X" in the box that corresponds with the temperature, the time of the temperature reading, and your initials. Once the month has ended, save each month's completed for 3 years.

If temperature is out of range, contact dispensing pharmacy or CBHS Pharmacy Services (415-255-3659) immediately at and document action taken on this form.

Staff Initials															
Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Exact Time															

*Write any unacceptable temperatures (above 86°F or below 59°F) in these boxes. Then take action!

Danger! Temperatures above 86°F are too warm! Write any unacceptable temperatures on the boxes above and call CBHS Pharmacy Services immediately!															
Acceptable Temperatures	86°F														
	85°F														
	84°F														
	83°F														
	82°F														
	81°F														
	80°F														
	79°F														
	78°F														
	77°F														
	76°F														
	75°F														
	74°F														
	73°F														
	72°F														
	71°F														
	70°F														
	69°F														
68°F															
67°F															
66°F															
65°F															
64°F															
63°F															
62°F															
61°F															
60°F															
59°F															
Danger! Temperatures below 59°F are too cold! Write any unacceptable temperatures on the boxes above and call CBHS Pharmacy Services immediately!															

Medication Room Temperature Log - Fahrenheit

Month/Year: _____ Days 16-31

Program Name:

Completing this temperature log: Check the temperature in the medication room EACH WORKING DAY. Place an "X" in the box that corresponds with the temperature, the time of the temperature reading, and your initials. Once the month has ended, save each month's completed for 3 years.

If temperature is out of range, contact dispensing pharmacy or CBHS Pharmacy Services (415-255-3659) immediately at and document action taken on this form.

Staff Initials																
Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Exact Time																

*Write any unacceptable temperatures (above 86°F or below 59°F) in these boxes. Then take action!

Danger! Temperatures above 86°F are too warm! Write any unacceptable temperatures on the boxes above and call CBHS Pharmacy Services immediately!																
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