

Temperature Log for Refrigerator — Fahrenheit


Month/Year: _____ Days 1-15

Clinic Name: _____

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

Completing this temperature log: Check the temperature in the refrigerator compartment of your storage unit at minimum of 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 form for 3 years.

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

*Write any unacceptable temps (above 46°F or below 36°F) on these lines. Then take action! 

Danger! Temperatures above 46°F are too warm! Write any unacceptable temperature on the lines above* and call BHS Pharmacy Services immediately!																			
Acceptable Temperatures	46°F																		
	45°F																		
	44°F																		
	43°F																		
	42°F																		
	41°F																		
	40°F																		
	39°F																		
	38°F																		
	37°F																		
	36°F																		
	35°F																		
Danger! Temperatures below 36°F are too cold! Write any unacceptable temperature on the lines above* and call BHS Pharmacy Services immediately!																			

Temperature Log for Refrigerator — Fahrenheit

Month/Year: _____ Days 16–31

Clinic Name: _____

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

Completing this temperature log: Check the temperature in the refrigerator compartment of your storage unit at a minimum of 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 form for 3 years.

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

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	38°F															
	37°F															
	36°F															
35°F																

Danger! Temperatures below 36°F are too cold! Write any unacceptable temperature on the lines above* and call BHS Pharmacy Services immediately!