

Partners in Recovery

Month _____ Year _____ **Site Laboratory Refrigerator Temperature Log**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Date_____	Date_____	Date_____	Date_____	Date_____	
	Temp._____	Temp._____	Temp._____	Temp._____	Temp._____	
	Signature_____	Signature_____	Signature_____	Signature_____	Signature_____	
	Date_____	Date_____	Date_____	Date_____	Date_____	
	Temp._____	Temp._____	Temp._____	Temp._____	Temp._____	
	Signature_____	Signature_____	Signature_____	Signature_____	Signature_____	
	Date_____	Date_____	Date_____	Date_____	Date_____	
	Temp._____	Temp._____	Temp._____	Temp._____	Temp._____	
	Signature_____	Signature_____	Signature_____	Signature_____	Signature_____	
	Date_____	Date_____	Date_____	Date_____	Date_____	
	Temp._____	Temp._____	Temp._____	Temp._____	Temp._____	
	Signature_____	Signature_____	Signature_____	Signature_____	Signature_____	
	Date_____	Date_____	Date_____	Date_____	Date_____	
	Temp._____	Temp._____	Temp._____	Temp._____	Temp._____	
	Signature_____	Signature_____	Signature_____	Signature_____	Signature_____	