ARKANSAS DEPARTMENT OF HUMAN SERVICES

DAILY TEMPERATURE LOG

SCHOOL_____
RA#_____

MONTH AND YEAR_____ **BRAND NAME OF UNIT**_____

▶ **REFRIGERATOR** ▶ **WALK-IN COOLER** ▶ **CHEST FREEZER**
▶ **UPRIGHT**

DATE	TIME	FREEZER	COOLER	SIGNATURE & TITLE	COMMENTS

INSTRUCTIONS: **Post on each freezer or cooler unit used for USDA storage.**

Daily recordings are recommended.
Completed log to be retained in file (3) years.

DCO-1839