Thermometer Log

Date	Thermometer Location Number	Time	Temp. (F°)	Corrective Measures Needed Yes	No	Briefly Describe Corrective Measures	Date Action Completed	Employee's Initials

Sheet Reviewed by: _____ on _____
(Management) (Date)

This form was originally developed by Wesley Kline, Ph.D., Associate Professor with the Department of Agriculture and Resource Management at Rutgers University, NJ and Agricultural Agent with Rutgers Cooperative Extension, Cumberland County, NJ.