## **Sample Daily Manual Temperature Log contains the key elements to be included. This may be modified. Insert Name of Pharmacy, CRS Number, Org ID**

**Daily Manual Temperature Log for *(insert equipment)***

**Month:**

**Year:**

**Equipment Model/Make/Serial#:**

**Manual Temperature Monitoring and Recording Device Model/Make/Serial#:**

**Notes:** Record the minimum and maximum temperature daily. Remember to reset your min-max thermometer after recording the temperatures.

| **Day of the Month** | **Time** | **Min °C** | **Max °C** | **Name or Initials** | **Comments** |
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Reviewed By: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name &Title/Signature)