

**Weekly Temperature Verification Form**

Equipment Name and S/N: \_\_\_\_\_ Room #: \_\_\_\_\_

Week	Dates Covered		Temperature	Week	Dates Covered		Temperature
1				27			
2				28			
3				29			
4				30			
5				31			
6				32			
7				33			
8				34			
9				35			
10				36			
11				37			
12				38			
13				39			
14				40			
15				41			
16				42			
17				43			
18				44			
19				45			
20				46			
21				47			
22				48			
23				49			
24				50			
25				51			
26				52			

*Madeline J. DeHaven*

Fridge Thermometer: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Freezer Thermometer: \_\_\_\_\_ Exp. Date: \_\_\_\_\_