

Storage Condition Log (Form Q)

Name of operation:

Storage Number/Name:

Thermometer number:

Please see the food safety plan for overall temperature control procedures and thermometer calibration instructions

Date	Thermometer calibrated date	Recorded temperature		Corrective actions if necessary:	Result of corrective actions and date accomplished	Initials
		AM	PM			

Reviewed by:

Title:

Date:



Provided by:

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