Ice-cream temperature log

Site / team: _____ Period: _____

Date	Equipment / location	Measurement type / method	Scheduled check	Actual time	Reading	Unit	Approved SOP target	Staff initials	Corrective action / reference	Recheck time / result	Reviewer

Before printing, enter the limits, check frequency and escalation process from your approved procedure and the requirements that apply to your location. This blank log does not supply temperature limits or determine product safety.