FORM C: FEEDING SOUTH FLORIDA TEMPERATURE LOGS

Agency Name_____

Agency #_____ Month/Year_____

Type of Program: Pantry_____ Soup Kitchen/Congregate Site_____

FSF recommends taking temperatures daily.

Day of the Month	Freezer 1	Freezer 2	Freezer 3	Fridge 1	Fridge 2	Fridge 3	Dry Storage 1	Dry Storage 2	Dry Storage 3	Initials of Staff	Notes
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