

Month/ Year _____

School Based Emergency Medicine Class D Clinic
Drug Storage Area Temperature Log

Clinic Name _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Min Temp																																
Max Temp																																
Room Temp °F																																
≥86																																
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81		Take immediate CORRECTIVE ACTION if the temperature is in the shaded area*																														
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≤59																																

Person checking the temperature will initial the box corresponding to the temperature on the appropriate date. * If the temperature is out of range, take corrective action. Document result. If temp is above 86°F or below 59°F contact consultant pharmacist for instructions and complete the Quarterly Medication Inspection/Drug Storage Out of Temp Range Report.