Ritapos Academy
Control Form

Cold Chain Temperature Log

Hygiene and food safety · Daily

Day details

Business name

Date

Person responsible

Thermometer check (working)

Appliance temperatures (C)

Appliance	Morning	Initials	Midday	Initials	Evening	Initials
Cold room						
Refrigerator 1						
Refrigerator 2						
Prep refrigerator						
Salad display case						
Dessert display case						
Freezer						
Ice machine						

Variance and product

Question	Yes	No	Initials	Notes
Were all appliances checked for out-of-range readings?	☐	☐		
Was any affected product separated?	☐	☐		
Are the door seals intact?	☐	☐		
Is the appliance alarm working?	☐	☐		

Out-of-range record and action taken

Signature

Responsible person's signature

Chef's signature

Date

This form is a checklist for training purposes. It does not change your municipal, food registration, or occupational health obligations. Confirm local requirements in writing.