ATTACHMENT A

**Daily Temperatures**

Recommended Range Room temperature: 15-30ºC

Month:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Initials |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Room Temp |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Min Temp |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Max Temp |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| Initials |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Room Temp |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Min Temp |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Max Temp |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date | 31 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Initials |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Room Temp |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Min Temp |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Max Temp |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Please fax to the Ancillary Testing Coordinator at the end of the month

Fax 814-860-2082

Commments:

SIGNATURES: