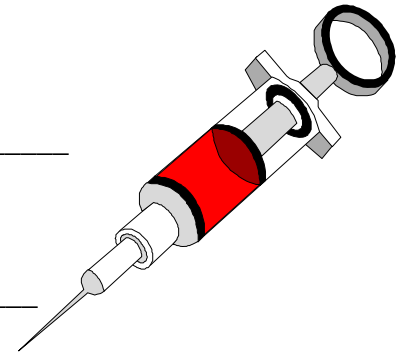


Corrective Action Sheet

Unit / Facility Name: _____

Refrigerator / Freezer Location: _____

(maintain this form with this unit) (building #, Room # or physical location)



ACTION TAKEN

(because temperatures reached or were approaching unacceptable range)

Date mm/dd/yy	Time (include A.M. or P.M.)	Brief Description of Problem	Action Taken