



## Calibration Log

P-5.4 All instruments used to measure temperature, pH, antimicrobial levels and/or other important devices used to monitor requirements in this section shall be adequately maintained and calibrated at a frequency sufficient to assure continuous accuracy.

| Date Checked | Item: Thermometer, pH probe, etc. | Location | Corrective Action Needed | Employee's Initials |
|--------------|-----------------------------------|----------|--------------------------|---------------------|
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |
|              |                                   |          |                          |                     |

Farm Name: \_\_\_\_\_

Farm Address: \_\_\_\_\_

Method used to calibrate: \_\_\_\_\_

Sheet Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

***on-farm food safety team***