

# Water Temperature Daily Record

Please record the temperature of the water each time you prepare a bath and/or shower for the individual requiring bathing supports.



Client: \_\_\_\_\_ Address: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Week 1	1	2	3	4	5	6	7
Temperature							
Initial							
Week 2	8	9	10	11	12	13	14
Temperature							
Initial							
Week 3	15	16	17	18	19	20	21
Temperature							
Initial							
Week 4	22	23	24	25	26	27	28
Temperature							
Initial							
Week 5	29	30	31	Staff Name: (a) _____ (b) _____ (c) _____			
Temperature							
Initial							

Hot Water Temperature Reading: \_\_\_\_\_ SR Initial: \_\_\_\_\_

(No higher than 120F/49C)