

4-WEEKLY REVIEW



Take some time to walk around the kitchen and observe whether safe methods are being followed. Write details of any problems below and what you did about it.

Also look back over the past 4 weeks' diary entries. If you had a serious problem, or the same thing went wrong three times or more, make a note of it here, find out why and record what you did to resolve it.

Please remember: this review requires completion even if no problems have been found.

Did you observe any problems or did the same issue occur in the diary three times or more? Yes ☒ No ☐

DETAILS	WHAT DID YOU DO ABOUT IT?
Damage to paintwork on ceiling above prep area. Staff member observed not washing hands after handling raw meat. Deep cleaning required in pot wash area. Delivery observed without packaging being checked. Staff member observed decanting peanuts into another container without labelling.	Reported paintwork for repair. Coaching provided to staff around checking deliveries, handwashing and handling of allergenic foods. Safe method retraining will be completed. Deep cleaning completed in pot wash area and added to cleaning schedule.

SAFE METHOD	CHECK LIST
Have you reviewed your safe methods?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Has allergen information been updated to reflect any menu or ingredient changes?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you changed any equipment or processes which change your safe methods?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have any new suppliers been recorded with contact information?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the cleaning schedule require updating?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have new staff (if applicable) been trained in all safe methods?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Do any existing staff require safe method refresher training?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are any extra opening or closing checks required?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If any food complaints have been received, have they been investigated and safe methods reviewed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have probes been calibrated in the last 4 weeks and results recorded?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have extra checks been completed and recorded weekly?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are prove it checks being completed regularly and recorded?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ADDITIONAL DETAILS
Allergen matrix updated and new recipe Factsheets completed for lasagne and apple crumble (specials). Cleaning schedule updated to include daily cleaning of pot wash area. Simon and Hanna require retraining on food allergies, stock control and deliveries (planned in for tomorrow and will be signed off on training record). Staff reminded about importance of prove it checks – at least one to be completed per day and will be recorded in the daily diary as good practice.

NAME: John Smith

SIGNED: John Smith

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NAME:

SIGNED: