

Week commencing:

XX/XX/XXX

Monday

Any problems or changes – what did you do?

Packet of cooked ham past its use by date – disposed of.

Opening checks ✓

Closing checks ✓

Name

John Smith

Signed

John Smith

Our safe methods were followed and effectively supervised today.

Friday

Any problems or changes – what did you do?

Opening checks ✓

Closing checks ✓

Name

Mo Patel

Signed

Mo Patel

Our safe methods were followed and effectively supervised today.

Tuesday

Any problems or changes – what did you do?

Rat sighted outside building – pest controller informed.
Simon called in sick with vomiting – told him about 48 hour rule.

Opening checks ✓

Closing checks ✓

Name

Mo Patel

Signed

Mo Patel

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Saturday

Any problems or changes – what did you do?

Cooked meat 10.2°C when delivered – rejected and supplier informed.
Rice found cooling on side in kitchen for several hours – disposed of and staff member retrained in safe method.

Opening checks ✓

Closing checks ✓

Name

John Smith

Signed

John Smith

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Wednesday

Any problems or changes – what did you do?

Sausages probed at 68.5°C when cooked – continued cooking to 83.1°C .
Different brand of fishfingers received from supplier – allergy information updated.

Opening checks ✓

Closing checks ✓

Name

John Smith

Signed

John Smith

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Any problems or changes – what did you do?

Opening checks ✓

Closing checks ✓

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John Smith

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Thursday

Any problems or changes – what did you do?

Staff member only completed one stage clean on raw prep surface – disinfection completed and staff member retrained on safe method.
Probe stopped working – using spare now so needs replacing.

Opening checks ✓

Closing checks ✓

Name

John Smith

Signed

John Smith

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EXTRA CHECKS

We have performed the following extra checks this week

Main probe calibrated at 0.2°C and 99.7°C; spare probe calibrated at 0.4°C and 99.9°C.
Deep clean of fryer completed.
Dry store shelves pulled out and swept. Pest control check completed.

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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?
<p>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.</p>	<p>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.</p>

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
<p>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.</p>

NAME:

SIGNED:

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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?

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

ADDITIONAL DETAILS

NAME:

SIGNED: