HACCP RECORD FORM

Week beginning……..
(If problems found, record any action taken in diary)

Temperature Control

Delivery	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**	**Sun**
Chilled <8◦C							
Frozen <-18◦C							

Storage Temperatures Fridges <5◦C **Freezer** <-18◦C	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**	**Sun**

Chilled Display <5◦C	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**	**Sun**

Cooked/reheated food temps >75◦C	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**	**Sun**
Product							
Product							

Hot hold food temps >63◦C	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**	**Sun**
Product							
Product							

Weekly Hygiene/ Cleaning (tick if ok) Date of check……...

Kitchen	Storeroom	Toilets	Fridges	Freezers	Pest Control	Equipment

Weekly Cross Contamination (tick if ok) Date of check …….

Delivery eg damaged packs	Storerooms	Fridges eg cooked food above raw	Surfaces – separate for raw/cooked	Equipment – separate for raw/cooked	Personal hygiene eg hand washing, clean overclothing

Signed……. . …. Name……. …… Position……