**Weekly All-in One**  **Week Commencing**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Delivery checks Chilled 1-50 C (Critical limit 8 0 C) Frozen -18 0 C ( Critical limit -120 C )** | | | | | | | | | | | | | | | | |
|  | Monday | | Tuesday | | | Wednesday | | | Thursday | | Friday | | Saturday | | Sunday | |
| Supplier |  | |  | | |  | | |  | |  | |  | |  | |
| Invoice No. |  | |  | | |  | | |  | |  | |  | |  | |
| Goods delivered |  | |  | | |  | | |  | |  | |  | |  | |
| Chill Temp |  | |  | | |  | | |  | |  | |  | |  | |
| Frozen Temp |  | |  | | |  | | |  | |  | |  | |  | |
| Visual Checks |  | |  | | |  | | |  | |  | |  | |  | |
| Date Codes |  | |  | | |  | | |  | |  | |  | |  | |
| Accept/Reject |  | |  | | |  | | |  | |  | |  | |  | |
| Initials |  | |  | | |  | | |  | |  | |  | |  | |
|  |  | |  | | |  | | |  | |  | |  | |  | |
| **Cold Temperature Checks Fridge 1-50 C (Critical limits 8 0C) Freezer -18 0C (Critical Limit -12 0C)** | | | | | | | | | | | | | | | | |
|  | Monday | | | Tuesday | | | Wednesday | | Thursday | | Friday | | Saturday | | Sunday | |
|  | Fridge F’zer | | | Fridge F’zer | | | Fridge F’zer | | Fridge F’zer | | Fridge F’zer | | Fridge F’zer | | Fridge F’zer | |
| Fridge 1 F,zer 1 |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
| Fridge 2 F’zer 2 |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
| Fridge 3 F’zer 3 |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
| Fridge 4 F’zer 4 |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
| Fridge 5 F’zer 5 |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
| Initials |  | | |  | | |  | |  | |  | |  | |  | |
|  |  | | |  | | |  | |  | | | |  | |  | |
| **Cooking Temperature Checks above 75 0C (Critical limit 750C)** | | | | | | | | | | | | | | | | |
|  | Monday | | Tuesday | | | Wednesday | | | Thursday | | Friday | | Saturday | | Sunday | |
| Food Sample |  | |  | | |  | | |  | |  | |  | |  | |
| Core Temp |  | |  | | |  | | |  | |  | |  | |  | |
| Food Sample |  | |  | | |  | | |  | |  | |  | |  | |
| Core Temp. |  | |  | | |  | | |  | |  | |  | |  | |
| Initials |  | |  | | |  | | |  | |  | |  | |  | |
|  |  | |  | | |  | | |  | |  | |  | |  | |
| **Cooling Temperature Checks (Cool and into refrigerated storage within 90 minutes). This is a Critical limit** | | | | | | | | | | | | | | | | |
|  | Monday | | Tuesday | | | Wednesday | | | Thursday | | Friday | | Saturday | | Sunday | |
| Food Sample |  | |  | | |  | | |  | |  | |  | |  | |
| Start Time |  | |  | | |  | | |  | |  | |  | |  | |
| Finish Time |  | |  | | |  | | |  | |  | |  | |  | |
| Food Sample |  | |  | | |  | | |  | |  | |  | |  | |
| Start Time |  | |  | | |  | | |  | |  | |  | |  | |
| Finish Time |  | |  | | |  | | |  | |  | |  | |  | |
| Initials |  | |  | | |  | | |  | |  | |  | |  | |
|  |  | |  | | |  | | |  | |  | |  | |  | |
| **Hot Holding Temperature Checks Above 63 0C (Critical limit 63 0C)** | | | | | | | | | | | | | | | | |
|  | Monday | | Tuesday | | | Wednesday | | | Thursday | | Friday | | Saturday | | Sunday | |
| Food Sample |  | |  | | |  | | |  | |  | |  | |  | |
| Core Temp |  | |  | | |  | | |  | |  | |  | |  | |
| Food Sample |  | |  | | |  | | |  | |  | |  | |  | |
| Core Temp |  | |  | | |  | | |  | |  | |  | |  | |
| Initials |  | |  | | |  | | |  | |  | |  | |  | |
|  |  | |  | | |  | | |  | |  | |  | |  | |
| **Reheating Temperature Checks Above 820 C (Critical limit 820C)** | | | | | | | | | | | | | | | | |
|  | Monday | | Tuesday | | | Wednesday | | | Thursday | | Friday | | Saturday | | Sunday | |
| Food Sample |  | |  | | |  | | |  | |  | |  | |  | |
| Core Temp. |  | |  | | |  | | |  | |  | |  | |  | |
| Food Sample |  | |  | | |  | | |  | |  | |  | |  | |
| Core Temp |  | |  | | |  | | |  | |  | |  | |  | |
|  |  | |  | | |  | | |  | |  | |  | |  | |
| **Cleaning Schedule (Cleaning carried out as per Cleaning Schedule in Kitchen)** | | | | | | | | | | | | | | | | |
|  | Monday | | Tuesday | | | Wednesday | | | Thursday | | Friday | | Saturday | | Sunday | |
| Initials |  | |  | | |  | | |  | |  | |  | |  | |
|  |  | |  | | |  | | |  | |  | |  | |  | |

**WEEKLY RECORD**

|  |
| --- |
| **The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using ‘**Cook**Safe’**. You can choose to complete this record as either a weekly or monthly record. |

|  |  |
| --- | --- |
| **WEEK COMMENCING:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEMS** | YES | NO | N/A | If the answer is `No`, then enter the deviations observed and corrective actions taken |
| **TRAINING** Have the **House Rules** been followed? |  |  |  |  |
| New Staff training including Induction Rules |  |  |  |
| Formal Training/Retraining Rules |  |  |  |
| Other Training |  |  |  |

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| **PERSONAL HYGIENE** Have the **House Rules** been followed? |  |  |  |  |
| Hand Washing Rules |  |  |  |
| Personal Cleanliness Rules |  |  |  |
| Protective Clothing Rules |  |  |  |
| Illness/Exclusion/Return to Work Rules |  |  |  |

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| **CLEANING** Have the **House Rules** been followed? |  |  |  |  |
| All specified equipment and areas cleaned as per cleaning schedule |  |  |  |
| Cleaning Chemicals Rules to include contact time, application and dilution |  |  |  |

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| **CROSS CONTAMINATION PREVENTION** Have the **House Rules** been followed? |  |  |  |  |
| Rules on Delivery |  |  |  |
| Rules on Storage |  |  |  |
| Rules on Preparation |  |  |  |
| Cooking and Cooling |  |  |  |

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| **PEST CONTROL** Have the **House Rules** been followed? |  |  |  |  |
| Pest Proofing, Insect Screens/Fly-killing Devices Rules |  |  |  |
| Good Housekeeping Rules |  |  |  |

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| **WASTE CONTROL** Have the **House Rules** been followed? |  |  |  |  |
| Waste in Food Rooms and Waste Collection Rules |  |  |  |

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| **MAINTENANCE** Have the **House Rules** been followed? |  |  |  |  |
| Premises Structure Rules |  |  |  |
| Equipment Rules |  |  |  |

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| **STOCK CONTROL** Have the **House Rules** been followed? |  |  |  |  |
| Rules on stock control measures |  |  |  |

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| **TEMPERATURE CONTROL**  Have the **House Rules** been followed? |  |  |  |  |
| Have the **Temperature Control House Rules** been followed? |  |  |  |

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| **ACRYLAMIDE CONTROL**  Have the **House Rules** been followed? |  |  |  |  |
| Have the Acrylamide **Control House Rules** been followed? |  |  |  |

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| **RECORDS** |  |  |  |  |
| Have all necessary Temperature Checks been recorded using the correct recording form/s? |  |  |  |

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| **Manager/Proprietor’s Signature** |  | **Date** |  |

**MONTHLY RECORD**

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| **The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using ‘**Cook**Safe’**. You can choose to complete this record as either a weekly or monthly record. |

|  |  |
| --- | --- |
| **DATE:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEMS** | YES | NO | N/A | If the answer is `No`, then enter the deviations observed and corrective actions taken |
| **TRAINING** Have the **House Rules** been followed? |  |  |  |  |
| New Staff training including Induction Rules |  |  |  |
| Formal Training/Retraining Rules |  |  |  |
| Other Training |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERSONAL HYGIENE** Have the **House Rules** been followed? |  |  |  |  |
| Hand Washing Rules |  |  |  |
| Personal Cleanliness Rules |  |  |  |
| Protective Clothing Rules |  |  |  |
| Illness/Exclusion/Return to Work Rules |  |  |  |

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| --- | --- | --- | --- | --- |
| **CLEANING** Have the **House Rules** been followed? |  |  |  |  |
| All specified equipment and areas cleaned as per cleaning schedule |  |  |  |
| Cleaning Chemicals Rules to include contact time, application and dilution |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CROSS CONTAMINATION PREVENTION** Have the **House Rules** been followed? |  |  |  |  |
| Rules on Delivery |  |  |  |
| Rules on Storage |  |  |  |
| Rules on Preparation |  |  |  |
| Cooking and Cooling |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PEST CONTROL** Have the **House Rules** been followed? |  |  |  |  |
| Pest Proofing, Insect Screens/Fly-killing Devices Rules |  |  |  |
| Good Housekeeping Rules |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WASTE CONTROL** Have the **House Rules** been followed? |  |  |  |  |
| Waste in Food Rooms and Waste Collection Rules |  |  |  |

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| --- | --- | --- | --- | --- |
| **MAINTENANCE** Have the **House Rules** been followed? |  |  |  |  |
| Premises Structure Rules |  |  |  |
| Equipment Rules |  |  |  |

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| --- | --- | --- | --- | --- |
| **STOCK CONTROL** Have the **House Rules** been followed? |  |  |  |  |
| Rules on stock control measures |  |  |  |

|  |  |  |  |  |
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| **TEMPERATURE CONTROL**  Have the **House Rules** been followed? |  |  |  |  |
| Have the **Temperature Control House Rules** been followed? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACRYLAMIDE CONTROL**  Have the **House Rules** been followed? |  |  |  |  |
| Have the Acrylamide **Control House Rules** been followed? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RECORDS** |  |  |  |  |
| Have all necessary Temperature Checks been recorded using the correct recording form/s? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Manager/Proprietor’s Signature** |  | **Date** |  |

**MONTHLY PROBE THERMOMETER CHECK**

**Probe thermometer recording details**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Month** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Reading in Iced Water** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Reading in Boiling Water** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Checked by** |  |  |  |  |  |  |  |  |  |  |  |  |

• The readings in **iced water should be -1°C to +1°C**, if outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.

• The reading in **boiling water should be between 99°C and 101°C**, if outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.

|  |  |  |  |
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| **Date and Details of Yearly Calibration** |  | **Date of next Yearly Calibration** |  |

|  |
| --- |
| **N.B. The electronic display unit should be checked at least once per year. Manufacturers may offer a calibration service.** |

Cook**Safe** Food Safety Assurance System

Any disinfectant or sanitiser used must at least meet official standards of **BS EN1276: 1997** or **BS EN 13697: 2001**

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| **Items and Areas to be Cleaned** | **Frequency of Cleaning** | **Method of Cleaning (including dilution of chemical required)** | **Monitor and Record (Signed by the person responsible for the cleaning)** | | | | | | | |
|  |  |  | **M** | **T** | **W** | **T** | **F** | **S** | **S** |
| **Food contact surfaces: e.g.**  Work surfaces, chopping boards  Food contact equipment; e.g.  Pots, containers & cutlery etc. | After each use  After each use | Remove food waste, clean with hot water & detergent, them use food grade Sanitiser  Remove food waste, wash in bactericidal detergent them rinse. |  |  |  |  |  |  |  |
| Sinks  Waste bins & Floors | Daily  Daily | Empty, remove waste, degrease, wash with hot water them sanitise.  Washed & Disinfectant |  |  |  |  |  |  |  |
| **Equipment:**  Cooking & hot holding  Fridge.  Freezers | Daily & Weekly Clean  Daily & Weekly  When necessary | Remove debris clean & sanitise  Hand contact surfaces daily.  Deep clean weekly including seals.  Defrost & deep clean. |  |  |  |  |  |  |  |
| Shelves, walls, ceilings etc.  Extraction ,Canopy & Filters | Weekly  Weekly or as necessary | Remove debris, & wash with hot water & detergent  Degrease and Clean. |  |  |  |  |  |  |  |
| **Occasional Supervisory checks (not required every day)** | | |  |  |  |  |  |  |  |