

Nelson City Council Food Control Plan

Diary

Year:

Business name:

A Diary for keeping records of Food Safety Checks



Contents

Purpose

What are we responsible for	Pg1
Four-week performance review	Pg1

Daily Checks

Daily checks	Pg3
Extra checks.....	Pg3
Problems or changes extra checks.....	Pg4

Shared Spaces

When the shared space is used for other activities	Pg4
Other checks extra checks	Pg4
Any problems or changes	Pg5

Diary Records

Week 1-4	Date		Pg6
Week 1-4	Date		Pg15
Week 1-4	Date		Pg24
Week 1-4	Date		Pg33
Week 1-4	Date		Pg42
Week 1-4	Date		Pg51
Week 1-4	Date		Pg60
Week 1-4	Date		Pg69
Week 1-4	Date		Pg78
Week 1-4	Date		Pg87
Week 1-4	Date		Pg96
Week 1-4	Date		Pg105

Additional Records

Staff training.....	Pg114
Allergens.....	Pg115
Supplier list.....	Pg116
Proven method	Pg117
Staff sickness.....	Pg121
Maintenance.....	Pg122
Thermometer calibration.....	Pg123
When something goes wrong	Pg124

Purpose

➤ What You Are Responsible For

Under the Food Control Plan (FCP), you are required to keep records to demonstrate that you have been meeting the requirements of your plan. The Nelson City Council Diary is designed to support you in ensuring that these records are kept together, are easy to follow alongside the FCP and are readily available to be handed over to your verifier when requested.

It is your responsibility to ensure that the day-to-day manager or person overseeing the operation is checking that the plan is updated and ensuring that the staff have:

- followed the procedures.
- performed the opening and closing checks.
- completed the temperature checks.
- processed and handled food safety.

➤ Four-week Performance Review

This will help you ensure the FCP is up to date.

- to identify any recurring problems that need fixing.
- to identify any changes that have occurred in the business (e.g. new staff, new equipment etc).
- to make sure that appropriate action has been taken to meet the requirements in your Food Control Plan.

At the end of every four-week period, the day-to-day manager must review the Diary entries for the previous four weeks. Please refer to the topic '**Checking the plan is working well**' in the Food Control Plan.

Daily Checks

Under the Food Control Plan, you are required to do daily checks.

➤ Daily Checks

Opening Checks

The following checks must be done at the beginning of each working day:

- ☐ Staff are fit for work, clean and presentable.
- ☐ Food preparation areas are clean (surfaces, equipment, chopping boards, etc).
- ☐ Plenty of hand washing and cleaning materials (soap, paper towels, cloths etc) are available.

Closing Checks

The following checks must be done at the end of each working day:

- ☐ Food is protected from contamination.
- ☐ Readily perishable food is stored at the correct temperature.
- ☐ Food past its "use-by" date has been thrown away.
- ☐ Cleaning has been completed (see cleaning schedule).
- ☐ Waste has been removed, and rubbish bags have been put in place.
- ☐ Any leftover marinades or coatings have been thrown out.

Temperature checks

The following checks should be done each working day:

- ☐ Record the temperature of chillers and cold cabinets storing or displaying potentially hazardous food.

➤ **Extra checks**

There are several other checks that must be made during the week. These are indicated in the “once a week” section in the Diary. Examples include:

- ☐ checking for signs of pest activity (once a week).
- ☐ completing weekly cleaning tasks (identified from the cleaning schedule).
- ☐ completing maintenance tasks (identified from the maintenance schedule)

➤ **Problems or changes**

Opening checks

If anything goes wrong, it must be recorded in the Diary along with details about what was done to correct the problem and prevent the problem happening again. This is proof that you are meeting the requirements of your Plan. Please refer to the topic '**When something goes wrong**' in the FCP.

Shared Spaces

The following checks are required when food is processed and handled in places that are also used for other activities and must be made each time the shared place is used.

➤ **When the shared space is also used for other activities**

If the shared space is a domestic kitchen, when anyone who normally uses the kitchen for family food is sick, no processing and handling of unwrapped food for the business must take place.

Opening checks

The following checks should be done each time the shared space is used for business food preparation:

- ☐ The space has been cleared of all animals and everything used for/by animals e.g. bedding, food/drinking bowls.
- ☐ Other food that may be present (e.g. food used by other businesses, home kill and recreational catch, family food, food containing allergens) has been stored so that it cannot be used as ingredients in business food.
- ☐ Everyone who will be processing and handling food is fit for work, clean and presentable.
- ☐ Food preparation areas are clean and sanitised (surfaces, equipment, chopping boards, etc).
- ☐ Plenty of hand washing and cleaning materials (soap, paper towels, cloths etc.) are available.
- ☐ Packaging materials to be used are clean and have not been contaminated.
- ☐ When children are present an adult is available to supervise them.

Other checks made:

Closing checks

The following checks should be done each time the home kitchen has been used for commercial food preparation:

- ☐ Business food is stored separate from other food and at the required temperature.
- ☐ Business food has not been contaminated by other food or activities in the shared space.
- ☐ Food past its 'use-by' date has been thrown away.
- ☐ Cleaning has been completed (see cleaning schedule).
- ☐ Waste has been removed and disposed of or hygienically stored until disposal.

Other checks made:

Temperature checks

The temperature of potentially hazardous business food is checked and recorded.

➤ **Other checks**

There are several other checks that must be made when shared spaces are used for business food preparation. These are indicated as weekly or fortnightly checks in the Diary.

Examples include:

- ☐ Checking for signs of pest activity (once a week).
- ☐ Completing cleaning tasks (identified from the cleaning schedule).
- ☐ Completing maintenance tasks (identified from the Maintenance schedule).

In addition, regular checks need to be made to ensure that stored business food is being kept separate from family food.

➤ **Any problems or changes**

If anything goes wrong, it should be recorded in the Diary along with details about what was done to correct the problem and prevent it happening again. This is proof that you are meeting the requirements of your plan.

The section '**When something goes wrong**' provides information on what to do when things go wrong and how to stop it happening again.

Notes

Diary records

Week 1

Date:

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan have been followed and effectively supervised this week. Name: _____ Signed: _____	

Diary Week 1 Commencing:														____/____/____		
Fridge Temperatures (check daily that the food in your fridge is being kept at 5°C or lower) Preferred method: Insert probe thermometer into food or food substitute such as a container of water																
Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	
1.								6.								
2.								7.								
3.								8.								
4.								9.								
5.								10.								
Poultry/minced meat/liver checks (weekly for each food type if using a proven method or every time if no proven method)																
You need to show: The temperature the food reached and how long it stayed at this temperature* Please refer to "cooking poultry/minced meat and liver" section in your FCP for the temperature/time combinations (Pg 60)																
Date	Item (as detailed in your proven method)	Time started cooking	1 st probe		Action taken if temperature not reached											
				How long food stayed at this temp.												
*If the temperature obtained is 76°C or above, then no need to record how long food stayed at this temperature																
Cooling checks (weekly for each food type if using a proven method or every time if no proven method) Please refer to "Cooling freshly cooked food"																
Date	Food Item	MAXIMUM OF 6 HOURS Page 67 of FCP														
		Start Time when food reaches 60°C		Food needs to cool from 60°C to 21°C (or below) in 2 hours		Temp after an extra 4 hours of cooling (should be 5°C or below)										
		Start time	Start temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp check									
			°C		°C		°C									

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
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Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Diary Week 2 Commencing:														____/____/____			
Fridge Temperatures (check daily that the food in your fridge is being kept at 5°C or lower) Preferred method: Insert probe thermometer into food or food substitute such as a container of water																	
Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun		
1.								6.									
2.								7.									
3.								8.									
4.								9.									
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				How long food stayed at this temp.													
*If the temperature obtained is 76°C or above, then no need to record how long food stayed at this temperature																	
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		Start time	Start temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp check										
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Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
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	Supplier Receiving temperature.....
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Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
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Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

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Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Four-week Review

Every four weeks, the procedures used will be reviewed by the day-to-day manager to check that they are up to date and still being followed correctly.

Incidents or issues	
Has anything gone wrong where food safety was or could have been affected? <i>If yes, fill in the 'when something goes wrong' record (page 124)</i> <i>If equipment related, remember to fill in a maintenance record (page 122)</i>	Yes ☐ No ☐
Did the same thing go wrong three or more times? If yes, what changes did you make?	Yes ☐ No ☐
Were there any food safety-related customer complaints (i.e. someone claiming that your food made them sick or could have made them sick)? <i>If yes, fill in the 'customer complaints' record (page 125)</i>	Yes ☐ No ☐
Was the complaint reported to your verifier?	Yes ☐ No ☐
New staff	
Are there any new staff (including front of house)?	Yes ☐ No ☐
If so, have they been trained and records completed? See <i>Training and competency</i>	Yes ☐ No ☐
Are you using the FCP as a training resource?	Yes ☐ No ☐
If training has not been received, what action was taken?	
Have there been any changes?	
Are you now preparing or selling any new types of food?	Yes ☐ No ☐
Do you have any new suppliers?	Yes ☐ No ☐
Are you using any new or different equipment?	Yes ☐ No ☐
Do any of these changes require Council approval (e.g. change to scope)?	Yes ☐ No ☐
If you answered yes to any of the above, record appropriately.	Yes ☐ No ☐
Are thermometers due for a calibration? If yes, record appropriately (page 123).	

Signed

Dated

Notes

Diary records

Week 1

Date:

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan have been followed and effectively supervised this week. Name: _____ Signed: _____	

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
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Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Diary Week 2 Commencing:														____/____/____		
Fridge Temperatures (check daily that the food in your fridge is being kept at 5°C or lower) Preferred method: Insert probe thermometer into food or food substitute such as a container of water																
Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	
1.								6.								
2.								7.								
3.								8.								
4.								9.								
5.								10.								
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You need to show: The temperature the food reached and how long it stayed at this temperature* Please refer to "cooking poultry/minced meat and liver" section in your FCP for the time/temperature combinations.																
Date	Item (as detailed in your proven method)	Time started cooking	1 st probe		Action taken if temperature not reached											
				How long food stayed at this temp.												
*If the temperature obtained is 76°C or above, then no need to record how long food stayed at this temperature																
Cooling checks (weekly for each food type if using a proven method or every time if no proven method) Please refer to "Cooling freshly cooked food"																
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		Start time	Start temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp check									
			°C		°C		°C									

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Diary Week 3 Commencing:														____/____/____				
Fridge Temperatures (check daily that the food in your fridge is being kept at 5°C or lower) Preferred method: Insert probe thermometer into food or food substitute such as a container of water																		
Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun			
1.								6.										
2.								7.										
3.								8.										
4.								9.										
5.								10.										
Poultry/minced meat/liver checks (weekly for each food type if using a proven method or every time if no proven method)																		
You need to show: The temperature the food reached and how long it stayed at this temperature* Please refer to "cooking poultry/minced meat and liver" section in your FCP for the time/temperature combinations.																		
Date	Item (as detailed in your proven method)	Time started cooking	1 st probe		Action taken if temperature not reached													
				How long food stayed at this temp.														
*If the temperature obtained is 76°C or above, then no need to record how long food stayed at this temperature																		
Cooling checks (weekly for each food type if using a proven method or every time if no proven method) Please refer to "Cooling freshly cooked food"																		
Date	Food Item	MAXIMUM OF 6 HOURS Page 67 of FCP																
		Start Time when food reaches 60°C		Food needs to cool from 60°C to 21°C (or below) in 2 hours		Temp after an extra 4 hours of cooling (should be 5°C or below)												
		Start time	Start temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp check											
			°C		°C		°C											

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Diary Week 4 Commencing:														___/___/___			
Fridge Temperatures (check daily that the food in your fridge is being kept at 5°C or below) Preferred method: Insert probe thermometer into food or food substitute such as a container of water																	
Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun		
1.								6.									
2.								7.									
3.								8.									
4.								9.									
5.								10.									
Poultry/minced meat/liver checks (weekly for each food type if using a proven method or every time if no proven method)																	
You need to show: The temperature the food reached and how long it stayed at this temperature* Please refer to "cooking poultry/minced meat and liver" section in your FCP for the time/temperature combinations.																	
Date	Item (as detailed in your proven method)	Time started cooking	1 st probe		Action taken if temperature not reached												
				How long food stayed at this temp.													
*If the temperature obtained is 76°C or above, then no need to record how long food stayed at this temperature																	
Cooling checks (weekly for each food type if using a proven method or every time if no proven method) Please refer to "Cooling freshly cooked food"																	
Date	Food Item	MAXIMUM OF 6 HOURS Page 67 of FCP															
		Start Time when food reaches 60 °C		Food needs to cool from 60°C to 21°C (or below) in 2 hours		Temp after an extra 4 hours of cooling (should be 5°C or below)											
		Start time	Start temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp check										
			°C		°C		°C										

Four-week Review

Every four weeks, the procedures used will be reviewed by the day-to-day manager to check that they are up to date and still being followed correctly.

Incidents or issues	
Has anything gone wrong where food safety was or could have been affected? <i>If yes, fill in the 'when something goes wrong' record (page 124)</i> <i>If equipment related, remember to fill in a maintenance record (page 122)</i>	Yes ☐ No ☐
Did the same thing go wrong three or more times? If yes, what changes did you make?	Yes ☐ No ☐
Were there any food safety-related customer complaints (i.e. someone claiming that your food made them sick or could have made them sick)? <i>If yes, fill in the 'customer complaints' record (page 125)</i>	Yes ☐ No ☐
Was the complaint reported to your verifier?	Yes ☐ No ☐
New staff	
Are there any new staff (including front of house)?	Yes ☐ No ☐
If so, have they been trained and records completed? See <i>Training and competency</i>	Yes ☐ No ☐
Are you using the FCP as a training resource?	Yes ☐ No ☐
If training has not been received, what action was taken?	
Have there been any changes?	
Are you now preparing or selling any new types of food?	Yes ☐ No ☐
Do you have any new suppliers?	Yes ☐ No ☐
Are you using any new or different equipment?	Yes ☐ No ☐
Do any of these changes require Council approval (e.g. change to scope)?	Yes ☐ No ☐
If you answered yes to any of the above, record appropriately.	Yes ☐ No ☐
Are thermometers due for a calibration? If yes, record appropriately (page 123).	

Signed

Dated

Notes

Diary records

Week 1

Date:

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
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	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan have been followed and effectively supervised this week. Name: _____ Signed: _____	

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
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	Supplier Receiving temperature.....
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	Supplier Receiving temperature.....
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Four-week Review

Every four weeks, the procedures used will be reviewed by the day-to-day manager to check that they are up to date and still being followed correctly.

Incidents or issues	
Has anything gone wrong where food safety was or could have been affected? <i>If yes, fill in the 'when something goes wrong' record (page 124)</i> <i>If equipment related, remember to fill in a maintenance record (page 122)</i>	Yes ☐ No ☐
Did the same thing go wrong three or more times? If yes, what changes did you make?	Yes ☐ No ☐
Were there any food safety-related customer complaints (i.e. someone claiming that your food made them sick or could have made them sick)? <i>If yes, fill in the 'customer complaints' record (page 125)</i>	Yes ☐ No ☐
Was the complaint reported to your verifier?	Yes ☐ No ☐
New staff	
Are there any new staff (including front of house)?	Yes ☐ No ☐
If so, have they been trained and records completed? See <i>Training and competency</i>	Yes ☐ No ☐
Are you using the FCP as a training resource?	Yes ☐ No ☐
If training has not been received, what action was taken?	
Have there been any changes?	
Are you now preparing or selling any new types of food?	Yes ☐ No ☐
Do you have any new suppliers?	Yes ☐ No ☐
Are you using any new or different equipment?	Yes ☐ No ☐
Do any of these changes require Council approval (e.g. change to scope)?	Yes ☐ No ☐
If you answered yes to any of the above, record appropriately.	Yes ☐ No ☐
Are thermometers due for a calibration? If yes, record appropriately (page 123).	

Signed

Dated

Notes

Diary records

Week 1

Date:

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
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Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan have been followed and effectively supervised this week. Name: _____ Signed: _____	

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	Supplier Receiving temperature.....
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	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Diary Week 4 Commencing: _____/_____/_____															
Fridge Temperatures (check daily that the food in your fridge is being kept at 5°C or below) Preferred method: Insert probe thermometer into food or food substitute such as a container of water															
Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun
1.								6.							
2.								7.							
3.								8.							
4.								9.							
5.								10.							
Poultry/minced meat/liver checks (weekly for each food type if using a proven method or every time if no proven method)															
You need to show: The temperature the food reached and how long it stayed at this temperature* Please refer to "cooking poultry/minced meat and liver" section in your FCP for the time/temperature combinations.															
Date	Item (as detailed in your proven method)	Time started cooking	1 st probe		Action taken if temperature not reached										
				How long food stayed at this temp.											
*If the temperature obtained is 76°C or above, then no need to record how long food stayed at this temperature															
Cooling checks (weekly for each food type if using a proven method or every time if no proven method) Please refer to "Cooling freshly cooked food"															
Date	Food Item	MAXIMUM OF 6 HOURS Page 67 of FCP													
		Start Time when food reaches 60 °C		Food needs to cool from 60°C to 21°C (or below) in 2 hours		Temp after an extra 4 hours of cooling (should be 5°C or below)									
		Start time	Start temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp check								
			°C		°C		°C								

Four-week Review

Every four weeks, the procedures used will be reviewed by the day-to-day manager to check that they are up to date and still being followed correctly.

Incidents or issues	
Has anything gone wrong where food safety was or could have been affected? <i>If yes, fill in the 'when something goes wrong' record (page 124)</i> <i>If equipment related, remember to fill in a maintenance record (page 122)</i>	Yes ☐ No ☐
Did the same thing go wrong three or more times? If yes, what changes did you make?	Yes ☐ No ☐
Were there any food safety-related customer complaints (i.e. someone claiming that your food made them sick or could have made them sick)? <i>If yes, fill in the 'customer complaints' record (page 125)</i>	Yes ☐ No ☐
Was the complaint reported to your verifier?	Yes ☐ No ☐
New staff	
Are there any new staff (including front of house)?	Yes ☐ No ☐
If so, have they been trained and records completed? See <i>Training and competency</i>	Yes ☐ No ☐
Are you using the FCP as a training resource?	Yes ☐ No ☐
If training has not been received, what action was taken?	
Have there been any changes?	
Are you now preparing or selling any new types of food?	Yes ☐ No ☐
Do you have any new suppliers?	Yes ☐ No ☐
Are you using any new or different equipment?	Yes ☐ No ☐
Do any of these changes require Council approval (e.g. change to scope)?	Yes ☐ No ☐
If you answered yes to any of the above, record appropriately.	Yes ☐ No ☐
Are thermometers due for a calibration? If yes, record appropriately (page 123).	

Signed

Dated

Notes

Diary records

Week 1

Date:

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
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	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
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Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
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Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan have been followed and effectively supervised this week. Name: _____ Signed: _____	

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
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Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Diary Week 2 Commencing:														____/____/____			
Fridge Temperatures (check daily that the food in your fridge is being kept at 5°C or lower) Preferred method: Insert probe thermometer into food or food substitute such as a container of water																	
Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun		
1.								6.									
2.								7.									
3.								8.									
4.								9.									
5.								10.									
Poultry/minced meat/liver checks (weekly for each food type if using a proven method or every time if no proven method)																	
You need to show: The temperature the food reached and how long it stayed at this temperature* Please refer to "cooking poultry/minced meat and liver" section in your FCP for the time/temperature combinations.																	
Date	Item (as detailed in your proven method)	Time started cooking	1 st probe		Action taken if temperature not reached												
				How long food stayed at this temp.													
*If the temperature obtained is 76°C or above, then no need to record how long food stayed at this temperature																	
Cooling checks (weekly for each food type if using a proven method or every time if no proven method) Please refer to "Cooling freshly cooked food"																	
Date	Food Item	MAXIMUM OF 6 HOURS Page 67 of FCP															
		Start Time when food reaches 60 °C		Food needs to cool from 60°C to 21°C (or below) in 2 hours		Temp after an extra 4 hours of cooling (should be 5°C or below)											
		Start time	Start temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp check										
			°C		°C		°C										

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
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	Supplier Receiving temperature.....
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	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
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Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
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Are there any new staff (including front of house)?	Yes ☐ No ☐
If so, have they been trained and records completed? See <i>Training and competency</i>	Yes ☐ No ☐
Are you using the FCP as a training resource?	Yes ☐ No ☐
If training has not been received, what action was taken?	
Have there been any changes?	
Are you now preparing or selling any new types of food?	Yes ☐ No ☐
Do you have any new suppliers?	Yes ☐ No ☐
Are you using any new or different equipment?	Yes ☐ No ☐
Do any of these changes require Council approval (e.g. change to scope)?	Yes ☐ No ☐
If you answered yes to any of the above, record appropriately.	Yes ☐ No ☐
Are thermometers due for a calibration? If yes, record appropriately (page 123).	

Signed

Dated

Notes

Diary records

Week 1

Date:

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
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Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
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Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Diary Week 3 Commencing:														___/___/___				
Fridge Temperatures (check daily that the food in your fridge is being kept at 5°C or lower) Preferred method: Insert probe thermometer into food or food substitute such as a container of water																		
Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun			
1.								6.										
2.								7.										
3.								8.										
4.								9.										
5.								10.										
Poultry/minced meat/liver checks (weekly for each food type if using a proven method or every time if no proven method)																		
You need to show: The temperature the food reached and how long it stayed at this temperature* Please refer to "cooking poultry/minced meat and liver" section in your FCP for the time/temperature combinations.																		
Date	Item (as detailed in your proven method)	Time started cooking	1 st probe		Action taken if temperature not reached													
				How long food stayed at this temp.														
*If the temperature obtained is 76°C or above, then no need to record how long food stayed at this temperature																		
Cooling checks (weekly for each food type if using a proven method or every time if no proven method) Please refer to "Cooling freshly cooked food"																		
Date	Food Item	MAXIMUM OF 6 HOURS Page 67 of FCP																
		Start Time when food reaches 60°C		Food needs to cool from 60°C to 21°C (or below) in 2 hours		Temp after an extra 4 hours of cooling (should be 5°C or below)												
		Start time	Start temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp check											
			°C		°C		°C											

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
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	Supplier Receiving temperature.....
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Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
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Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Four-week Review

Every four weeks, the procedures used will be reviewed by the day-to-day manager to check that they are up to date and still being followed correctly.

Incidents or issues	
Has anything gone wrong where food safety was or could have been affected? <i>If yes, fill in the 'when something goes wrong' record (page 124)</i> <i>If equipment related, remember to fill in a maintenance record (page 122)</i>	Yes ☐ No ☐
Did the same thing go wrong three or more times? If yes, what changes did you make?	Yes ☐ No ☐
Were there any food safety-related customer complaints (i.e. someone claiming that your food made them sick or could have made them sick)? <i>If yes, fill in the 'customer complaints' record (page 125)</i>	Yes ☐ No ☐
Was the complaint reported to your verifier?	Yes ☐ No ☐
New staff	
Are there any new staff (including front of house)?	Yes ☐ No ☐
If so, have they been trained and records completed? See <i>Training and competency</i>	Yes ☐ No ☐
Are you using the FCP as a training resource?	Yes ☐ No ☐
If training has not been received, what action was taken?	
Have there been any changes?	
Are you now preparing or selling any new types of food?	Yes ☐ No ☐
Do you have any new suppliers?	Yes ☐ No ☐
Are you using any new or different equipment?	Yes ☐ No ☐
Do any of these changes require Council approval (e.g. change to scope)?	Yes ☐ No ☐
If you answered yes to any of the above, record appropriately.	Yes ☐ No ☐
Are thermometers due for a calibration? If yes, record appropriately (page 123).	

Signed

Dated

Notes

Diary records

Week 1

Date:

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
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	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan have been followed and effectively supervised this week. Name: _____ Signed: _____	

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
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	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
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	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Diary Week 3 Commencing:														___/___/___			
Fridge Temperatures (check daily that the food in your fridge is being kept at 5°C or lower) Preferred method: Insert probe thermometer into food or food substitute such as a container of water																	
Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun		
1.								6.									
2.								7.									
3.								8.									
4.								9.									
5.								10.									
Poultry/minced meat/liver checks (weekly for each food type if using a proven method or every time if no proven method)																	
You need to show: The temperature the food reached and how long it stayed at this temperature* Please refer to "cooking poultry/minced meat and liver" section in your FCP for the time/temperature combinations.																	
Date	Item (as detailed in your proven method)	Time started cooking	1 st probe		Action taken if temperature not reached												
				How long food stayed at this temp.													
*If the temperature obtained is 76°C or above, then no need to record how long food stayed at this temperature																	
Cooling checks (weekly for each food type if using a proven method or every time if no proven method) Please refer to "Cooling freshly cooked food"																	
Date	Food Item	MAXIMUM OF 6 HOURS Page 67 of FCP															
		Start Time when food reaches 60°C		Food needs to cool from 60°C to 21°C (or below) in 2 hours		Temp after an extra 4 hours of cooling (should be 5°C or below)											
		Start time	Start temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp check										
			°C		°C		°C										

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Diary Week 4 Commencing:														___/___/___			
Fridge Temperatures (check daily that the food in your fridge is being kept at 5°C or below) Preferred method: Insert probe thermometer into food or food substitute such as a container of water																	
Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun		
1.								6.									
2.								7.									
3.								8.									
4.								9.									
5.								10.									
Poultry/minced meat/liver checks (weekly for each food type if using a proven method or every time if no proven method)																	
You need to show: The temperature the food reached and how long it stayed at this temperature* Please refer to "cooking poultry/minced meat and liver" section in your FCP for the time/temperature combinations.																	
Date	Item (as detailed in your proven method)	Time started cooking	1 st probe		Action taken if temperature not reached												
				How long food stayed at this temp.													
*If the temperature obtained is 76°C or above, then no need to record how long food stayed at this temperature																	
Cooling checks (weekly for each food type if using a proven method or every time if no proven method) Please refer to "Cooling freshly cooked food"																	
Date	Food Item	MAXIMUM OF 6 HOURS Page 67 of FCP															
		Start Time when food reaches 60 °C		Food needs to cool from 60°C to 21°C (or below) in 2 hours		Temp after an extra 4 hours of cooling (should be 5°C or below)											
		Start time	Start temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp check										
			°C		°C		°C										

Four-week Review

Every four weeks, the procedures used will be reviewed by the day-to-day manager to check that they are up to date and still being followed correctly.

Incidents or issues	
Has anything gone wrong where food safety was or could have been affected? <i>If yes, fill in the 'when something goes wrong' record (page 124)</i> <i>If equipment related, remember to fill in a maintenance record (page 122)</i>	Yes ☐ No ☐
Did the same thing go wrong three or more times? If yes, what changes did you make?	Yes ☐ No ☐
Were there any food safety-related customer complaints (i.e. someone claiming that your food made them sick or could have made them sick)? <i>If yes, fill in the 'customer complaints' record (page 125)</i>	Yes ☐ No ☐
Was the complaint reported to your verifier?	Yes ☐ No ☐
New staff	
Are there any new staff (including front of house)?	Yes ☐ No ☐
If so, have they been trained and records completed? See <i>Training and competency</i>	Yes ☐ No ☐
Are you using the FCP as a training resource?	Yes ☐ No ☐
If training has not been received, what action was taken?	
Have there been any changes?	
Are you now preparing or selling any new types of food?	Yes ☐ No ☐
Do you have any new suppliers?	Yes ☐ No ☐
Are you using any new or different equipment?	Yes ☐ No ☐
Do any of these changes require Council approval (e.g. change to scope)?	Yes ☐ No ☐
If you answered yes to any of the above, record appropriately.	Yes ☐ No ☐
Are thermometers due for a calibration? If yes, record appropriately (page 123).	

Signed

Dated

Notes

Diary records

Week 1

Date:

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
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Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan have been followed and effectively supervised this week. Name: _____ Signed: _____	

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
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Diary Week 3 Commencing:														___/___/___			
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Date	Food Item	MAXIMUM OF 6 HOURS Page 67 of FCP															
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Four-week Review

Every four weeks, the procedures used will be reviewed by the day-to-day manager to check that they are up to date and still being followed correctly.

Incidents or issues	
Has anything gone wrong where food safety was or could have been affected? <i>If yes, fill in the 'when something goes wrong' record (page 124)</i> <i>If equipment related, remember to fill in a maintenance record (page 122)</i>	Yes ☐ No ☐
Did the same thing go wrong three or more times? If yes, what changes did you make?	Yes ☐ No ☐
Were there any food safety-related customer complaints (i.e. someone claiming that your food made them sick or could have made them sick)? <i>If yes, fill in the 'customer complaints' record (page 125)</i>	Yes ☐ No ☐
Was the complaint reported to your verifier?	Yes ☐ No ☐
New staff	
Are there any new staff (including front of house)?	Yes ☐ No ☐
If so, have they been trained and records completed? See <i>Training and competency</i>	Yes ☐ No ☐
Are you using the FCP as a training resource?	Yes ☐ No ☐
If training has not been received, what action was taken?	
Have there been any changes?	
Are you now preparing or selling any new types of food?	Yes ☐ No ☐
Do you have any new suppliers?	Yes ☐ No ☐
Are you using any new or different equipment?	Yes ☐ No ☐
Do any of these changes require Council approval (e.g. change to scope)?	Yes ☐ No ☐
If you answered yes to any of the above, record appropriately.	Yes ☐ No ☐
Are thermometers due for a calibration? If yes, record appropriately (page 123).	

Signed

Dated

Notes

Diary records

Week 1

Date:

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
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	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Diary Week 3 Commencing:														____/____/____			
Fridge Temperatures (check daily that the food in your fridge is being kept at 5°C or lower) Preferred method: Insert probe thermometer into food or food substitute such as a container of water																	
Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun		
1.								6.									
2.								7.									
3.								8.									
4.								9.									
5.								10.									
Poultry/minced meat/liver checks (weekly for each food type if using a proven method or every time if no proven method)																	
You need to show: The temperature the food reached and how long it stayed at this temperature* Please refer to "cooking poultry/minced meat and liver" section in your FCP for the time/temperature combinations.																	
Date	Item (as detailed in your proven method)	Time started cooking	1 st probe		Action taken if temperature not reached												
				How long food stayed at this temp.													
*If the temperature obtained is 76°C or above, then no need to record how long food stayed at this temperature																	
Cooling checks (weekly for each food type if using a proven method or every time if no proven method) Please refer to "Cooling freshly cooked food"																	
Date	Food Item	MAXIMUM OF 6 HOURS Page 67 of FCP															
		Start Time when food reaches 60°C		Food needs to cool from 60°C to 21°C (or below) in 2 hours		Temp after an extra 4 hours of cooling (should be 5°C or below)											
		Start time	Start temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp check										
			°C		°C		°C										

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Four-week Review

Every four weeks, the procedures used will be reviewed by the day-to-day manager to check that they are up to date and still being followed correctly.

Incidents or issues	
Has anything gone wrong where food safety was or could have been affected? <i>If yes, fill in the 'when something goes wrong' record (page 124)</i> <i>If equipment related, remember to fill in a maintenance record (page 122)</i>	Yes ☐ No ☐
Did the same thing go wrong three or more times? If yes, what changes did you make?	Yes ☐ No ☐
Were there any food safety-related customer complaints (i.e. someone claiming that your food made them sick or could have made them sick)? <i>If yes, fill in the 'customer complaints' record (page 125)</i>	Yes ☐ No ☐
Was the complaint reported to your verifier?	Yes ☐ No ☐
New staff	
Are there any new staff (including front of house)?	Yes ☐ No ☐
If so, have they been trained and records completed? See <i>Training and competency</i>	Yes ☐ No ☐
Are you using the FCP as a training resource?	Yes ☐ No ☐
If training has not been received, what action was taken?	
Have there been any changes?	
Are you now preparing or selling any new types of food?	Yes ☐ No ☐
Do you have any new suppliers?	Yes ☐ No ☐
Are you using any new or different equipment?	Yes ☐ No ☐
Do any of these changes require Council approval (e.g. change to scope)?	Yes ☐ No ☐
If you answered yes to any of the above, record appropriately.	Yes ☐ No ☐
Are thermometers due for a calibration? If yes, record appropriately (page 123).	

Signed

Dated

Notes

Diary records

Week 1

Date:

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan have been followed and effectively supervised this week. Name: _____ Signed: _____	

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Diary Week 3 Commencing:														___/___/___			
Fridge Temperatures (check daily that the food in your fridge is being kept at 5°C or lower) Preferred method: Insert probe thermometer into food or food substitute such as a container of water																	
Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun		
1.								6.									
2.								7.									
3.								8.									
4.								9.									
5.								10.									
Poultry/minced meat/liver checks (weekly for each food type if using a proven method or every time if no proven method)																	
You need to show: The temperature the food reached and how long it stayed at this temperature* Please refer to "cooking poultry/minced meat and liver" section in your FCP for the time/temperature combinations.																	
Date	Item (as detailed in your proven method)	Time started cooking	1 st probe		Action taken if temperature not reached												
				How long food stayed at this temp.													
*If the temperature obtained is 76°C or above, then no need to record how long food stayed at this temperature																	
Cooling checks (weekly for each food type if using a proven method or every time if no proven method) Please refer to "Cooling freshly cooked food"																	
Date	Food Item	MAXIMUM OF 6 HOURS Page 67 of FCP															
		Start Time when food reaches 60°C		Food needs to cool from 60°C to 21°C (or below) in 2 hours		Temp after an extra 4 hours of cooling (should be 5°C or below)											
		Start time	Start temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp check										
			°C		°C		°C										

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Four-week Review

Every four weeks, the procedures used will be reviewed by the day-to-day manager to check that they are up to date and still being followed correctly.

Incidents or issues	
Has anything gone wrong where food safety was or could have been affected? <i>If yes, fill in the 'when something goes wrong' record (page 124)</i> <i>If equipment related, remember to fill in a maintenance record (page 122)</i>	Yes ☐ No ☐
Did the same thing go wrong three or more times? If yes, what changes did you make?	Yes ☐ No ☐
Were there any food safety-related customer complaints (i.e. someone claiming that your food made them sick or could have made them sick)? <i>If yes, fill in the 'customer complaints' record (page 125)</i>	Yes ☐ No ☐
Was the complaint reported to your verifier?	Yes ☐ No ☐
New staff	
Are there any new staff (including front of house)?	Yes ☐ No ☐
If so, have they been trained and records completed? See <i>Training and competency</i>	Yes ☐ No ☐
Are you using the FCP as a training resource?	Yes ☐ No ☐
If training has not been received, what action was taken?	
Have there been any changes?	
Are you now preparing or selling any new types of food?	Yes ☐ No ☐
Do you have any new suppliers?	Yes ☐ No ☐
Are you using any new or different equipment?	Yes ☐ No ☐
Do any of these changes require Council approval (e.g. change to scope)?	Yes ☐ No ☐
If you answered yes to any of the above, record appropriately.	Yes ☐ No ☐
Are thermometers due for a calibration? If yes, record appropriately (page 123).	

Signed

Dated

Notes

Diary records

Week 1

Date:

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan have been followed and effectively supervised this week. Name: _____ Signed: _____	

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Diary Week 2 Commencing:														____/____/____		
Fridge Temperatures (check daily that the food in your fridge is being kept at 5°C or lower) Preferred method: Insert probe thermometer into food or food substitute such as a container of water																
Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	
1.								6.								
2.								7.								
3.								8.								
4.								9.								
5.								10.								
Poultry/minced meat/liver checks (weekly for each food type if using a proven method or every time if no proven method)																
You need to show: The temperature the food reached and how long it stayed at this temperature* Please refer to "cooking poultry/minced meat and liver" section in your FCP for the time/temperature combinations.																
Date	Item (as detailed in your proven method)	Time started cooking	1 st probe		Action taken if temperature not reached											
			 How long food stayed at this temp.													
*If the temperature obtained is 76°C or above, then no need to record how long food stayed at this temperature																
Cooling checks (weekly for each food type if using a proven method or every time if no proven method) Please refer to "Cooling freshly cooked food"																
Date	Food Item	MAXIMUM OF 6 HOURS Page 67 of FCP														
		Start Time when food reaches 60 °C		Food needs to cool from 60°C to 21°C (or below) in 2 hours		Temp after an extra 4 hours of cooling (should be 5°C or below)										
		Start time	Start temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp check									
			°C		°C		°C									

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Diary Week 3 Commencing: _____/_____/_____															
Fridge Temperatures (check daily that the food in your fridge is being kept at 5°C or lower) Preferred method: Insert probe thermometer into food or food substitute such as a container of water															
Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun
1.								6.							
2.								7.							
3.								8.							
4.								9.							
5.								10.							
Poultry/minced meat/liver checks (weekly for each food type if using a proven method or every time if no proven method)															
You need to show: The temperature the food reached and how long it stayed at this temperature* Please refer to "cooking poultry/minced meat and liver" section in your FCP for the time/temperature combinations.															
Date	Item (as detailed in your proven method)	Time started cooking	1 st probe		Action taken if temperature not reached										
				How long food stayed at this temp.											
*If the temperature obtained is 76°C or above, then no need to record how long food stayed at this temperature															
Cooling checks (weekly for each food type if using a proven method or every time if no proven method) Please refer to "Cooling freshly cooked food"															
Date	Food Item	MAXIMUM OF 6 HOURS Page 67 of FCP													
		Start Time when food reaches 60°C		Food needs to cool from 60°C to 21°C (or below) in 2 hours		Temp after an extra 4 hours of cooling (should be 5°C or below)									
		Start time	Start temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp check								
			°C		°C		°C								

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Diary Week 4 Commencing: _____/_____/_____															
Fridge Temperatures (check daily that the food in your fridge is being kept at 5°C or below) Preferred method: Insert probe thermometer into food or food substitute such as a container of water															
Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun
1.								6.							
2.								7.							
3.								8.							
4.								9.							
5.								10.							
Poultry/minced meat/liver checks (weekly for each food type if using a proven method or every time if no proven method)															
You need to show: The temperature the food reached and how long it stayed at this temperature* Please refer to "cooking poultry/minced meat and liver" section in your FCP for the time/temperature combinations.															
Date	Item (as detailed in your proven method)	Time started cooking	1 st probe		Action taken if temperature not reached										
				How long food stayed at this temp.											
*If the temperature obtained is 76°C or above, then no need to record how long food stayed at this temperature															
Cooling checks (weekly for each food type if using a proven method or every time if no proven method) Please refer to "Cooling freshly cooked food"															
Date	Food Item	MAXIMUM OF 6 HOURS Page 67 of FCP													
		Start Time when food reaches 60 °C		Food needs to cool from 60°C to 21°C (or below) in 2 hours		Temp after an extra 4 hours of cooling (should be 5°C or below)									
		Start time	Start temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp check								
			°C		°C		°C								

Four-week Review

Every four weeks, the procedures used will be reviewed by the day-to-day manager to check that they are up to date and still being followed correctly.

Incidents or issues	
Has anything gone wrong where food safety was or could have been affected? <i>If yes, fill in the 'when something goes wrong' record (page 124)</i> <i>If equipment related, remember to fill in a maintenance record (page 122)</i>	Yes ☐ No ☐
Did the same thing go wrong three or more times? If yes, what changes did you make?	Yes ☐ No ☐
Were there any food safety-related customer complaints (i.e. someone claiming that your food made them sick or could have made them sick)? <i>If yes, fill in the 'customer complaints' record (page 125)</i>	Yes ☐ No ☐
Was the complaint reported to your verifier?	Yes ☐ No ☐
New staff	
Are there any new staff (including front of house)?	Yes ☐ No ☐
If so, have they been trained and records completed? See <i>Training and competency</i>	Yes ☐ No ☐
Are you using the FCP as a training resource?	Yes ☐ No ☐
If training has not been received, what action was taken?	
Have there been any changes?	
Are you now preparing or selling any new types of food?	Yes ☐ No ☐
Do you have any new suppliers?	Yes ☐ No ☐
Are you using any new or different equipment?	Yes ☐ No ☐
Do any of these changes require Council approval (e.g. change to scope)?	Yes ☐ No ☐
If you answered yes to any of the above, record appropriately.	Yes ☐ No ☐
Are thermometers due for a calibration? If yes, record appropriately (page 123).	

Signed

Dated

Notes

Diary records

Week 1

Date:

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan have been followed and effectively supervised this week. Name: _____ Signed: _____	

Diary Week 1 Commencing:														____/____/____		
Fridge Temperatures (check daily that the food in your fridge is being kept at 5°C or lower) Preferred method: Insert probe thermometer into food or food substitute such as a container of water																
Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	
1.								6.								
2.								7.								
3.								8.								
4.								9.								
5.								10.								
Poultry/minced meat/liver checks (weekly for each food type if using a proven method or every time if no proven method)																
You need to show: The temperature the food reached and how long it stayed at this temperature* Please refer to "cooking poultry/minced meat and liver" section in your FCP for the temperature/time combinations (Pg 60)																
Date	Item (as detailed in your proven method)	Time started cooking	1 st probe		Action taken if temperature not reached											
			 How long food stayed at this temp.													
*If the temperature obtained is 76°C or above, then no need to record how long food stayed at this temperature																
Cooling checks (weekly for each food type if using a proven method or every time if no proven method) Please refer to "Cooling freshly cooked food"																
Date	Food Item	MAXIMUM OF 6 HOURS Page 67 of FCP														
		Start Time when food reaches 60°C		Food needs to cool from 60°C to 21°C (or below) in 2 hours		Temp after an extra 4 hours of cooling (should be 5°C or below)										
		Start time	Start temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp check									
			°C		°C		°C									

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Diary Week 2 Commencing: _____/_____/_____															
Fridge Temperatures (check daily that the food in your fridge is being kept at 5°C or lower) Preferred method: Insert probe thermometer into food or food substitute such as a container of water															
Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun
1.								6.							
2.								7.							
3.								8.							
4.								9.							
5.								10.							
Poultry/minced meat/liver checks (weekly for each food type if using a proven method or every time if no proven method)															
You need to show: The temperature the food reached and how long it stayed at this temperature* Please refer to "cooking poultry/minced meat and liver" section in your FCP for the time/temperature combinations.															
Date	Item (as detailed in your proven method)	Time started cooking	1 st probe		Action taken if temperature not reached										
				How long food stayed at this temp.											
*If the temperature obtained is 76°C or above, then no need to record how long food stayed at this temperature															
Cooling checks (weekly for each food type if using a proven method or every time if no proven method) Please refer to "Cooling freshly cooked food"															
Date	Food Item	MAXIMUM OF 6 HOURS Page 67 of FCP													
		Start Time when food reaches 60 °C		Food needs to cool from 60°C to 21°C (or below) in 2 hours		Temp after an extra 4 hours of cooling (should be 5°C or below)									
		Start time	Start temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp check								
			°C		°C		°C								

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Diary Week 3 Commencing: _____/_____/_____															
Fridge Temperatures (check daily that the food in your fridge is being kept at 5°C or lower) Preferred method: Insert probe thermometer into food or food substitute such as a container of water															
Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Unit	Mon	Tues	Wed	Thur	Fri	Sat	Sun
1.								6.							
2.								7.							
3.								8.							
4.								9.							
5.								10.							
Poultry/minced meat/liver checks (weekly for each food type if using a proven method or every time if no proven method)															
You need to show: The temperature the food reached and how long it stayed at this temperature* Please refer to "cooking poultry/minced meat and liver" section in your FCP for the time/temperature combinations.															
Date	Item (as detailed in your proven method)	Time started cooking	1 st probe		Action taken if temperature not reached										
				How long food stayed at this temp.											
*If the temperature obtained is 76°C or above, then no need to record how long food stayed at this temperature															
Cooling checks (weekly for each food type if using a proven method or every time if no proven method) Please refer to "Cooling freshly cooked food"															
Date	Food Item	MAXIMUM OF 6 HOURS Page 67 of FCP													
		Start Time when food reaches 60°C		Food needs to cool from 60°C to 21°C (or below) in 2 hours		Temp after an extra 4 hours of cooling (should be 5°C or below)									
		Start time	Start temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp check								
			°C		°C		°C								

Day of the week	Trusted supplier delivery temperature checks (high risk items e.g. meat, shellfish, dairy)
Monday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Tuesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Wednesday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Thursday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Friday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Saturday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Sunday (any problem or changes – what were they and what did you do?)	Supplier Receiving temperature.....
	Supplier Receiving temperature.....
Once a week check ☐ Weekly and fortnightly cleaning tasks completed ☐ Weekly and fortnightly maintenance tasks completed ☐ Weekly Cooking and Cooling (if a proven method is established) Signs of pest activity ☐ No ☐ Yes (if yes, write down what actions that were taken above)	Note, you should record the result of every cooking and cooling check if you do not have proven methods in place.
The procedures in our Food Control Plan were followed and effectively supervised this week. Name: _____ Signed: _____	

Four-week Review

Every four weeks, the procedures used will be reviewed by the day-to-day manager to check that they are up to date and still being followed correctly.

Incidents or issues	
Has anything gone wrong where food safety was or could have been affected? <i>If yes, fill in the 'when something goes wrong' record (page 124)</i> <i>If equipment related, remember to fill in a maintenance record (page 122)</i>	Yes ☐ No ☐
Did the same thing go wrong three or more times? If yes, what changes did you make?	Yes ☐ No ☐
Were there any food safety-related customer complaints (i.e. someone claiming that your food made them sick or could have made them sick)? <i>If yes, fill in the 'customer complaints' record (page 125)</i>	Yes ☐ No ☐
Was the complaint reported to your verifier?	Yes ☐ No ☐
New staff	
Are there any new staff (including front of house)?	Yes ☐ No ☐
If so, have they been trained and records completed? See <i>Training and competency</i>	Yes ☐ No ☐
Are you using the FCP as a training resource?	Yes ☐ No ☐
If training has not been received, what action was taken?	
Have there been any changes?	
Are you now preparing or selling any new types of food?	Yes ☐ No ☐
Do you have any new suppliers?	Yes ☐ No ☐
Are you using any new or different equipment?	Yes ☐ No ☐
Do any of these changes require Council approval (e.g. change to scope)?	Yes ☐ No ☐
If you answered yes to any of the above, record appropriately.	Yes ☐ No ☐
Are thermometers due for a calibration? If yes, record appropriately (page 123).	

Signed

Dated

Notes

Additional records

Please note that the following records are offered as templates and copies will be required depending on the needs of your premises



Staff training record

Refer to 'Training and Competency'

Please ensure that you fill one out for each member of your staff

Name: *				
Position: *		Start date: *		
Email: *		Phone number: *		
Topic (part of plan covered)	Relevant	Employee initials	Supervisor initials	Date
Taking responsibility				
Checking the plan is working well				
Managing places and equipment				
Managing personal hygiene & health				
Checking for pests				
Preparing food safely				
Separating food				
Sourcing, receiving and storing food				
Keeping food cold				
Thoroughly cooking food				
Cooking poultry, minced meat and liver				
Proving the method, you use works every time				
Reheating food				
Cooling freshly cooked food				
Defrosting food				
Using water activity to control bugs				
Using acid to control bugs				
Hot smoking to control bugs				
Keeping food hot				
Transporting your food				
Displaying food and customers serving themselves				
Knowing what is in your food				
Packaging and labelling your food				
Selling your food to other businesses				
Cleaning up and closing				
Maintaining equipment & facilities				
When something goes wrong				
Dealing with customer complaints				
Tracing your food				
Recalling your food				
Making sushi with acidified rice				
Making doner kebabs				
Cooking using sous vide				
Preparing red meat for mincing and serving lightly-cooked or raw				

*Any item with a * is note required by law to record but you may find them useful.

Allergens in your food



It is optional to record this information, but it recommended so that staff know what is in your food to inform customers. If you do use this form, remember to keep this up to date when recipes are changed. Refer to the topic 'Knowing what's in your food.'

Dish name	Ingredients	Allergens

Supplier list



Refer to the topic 'Sourcing, receiving and storing food'

Supplier name	Type of Food (e.g. meat, fish, dairy, fruit, drinks)	Supplier details (name, contact, details and site reg number)
		Contact Person
		Site Registration number
		Contact email and number
		Address
		Contact Person
		Site Registration number
		Contact number and email
		Address
		Contact Person
		Site Registration number
		Contact number and email
		Address
		Contact Person
		Site Registration number
		Contact number and email
		Address
		Contact Person
		Site Registration number
		Contact number and email
		Address

Proving that a time/temperature cooks poultry, minced meat, and liver

Proving your method means that you do not have to record every cooking check. Once you have a proven method (including 3 validation checks) you only need to check your food weekly and document it. Please refer to the topic 'Cooking poultry, minced meat and liver.'



Meat item (type, size, weight)				
Method or recipe (must include a temperature and a time e.g. cooked at 180°C for 40 minutes)				
Batch	Date	Internal temp°C at thickest part	How long food stayed at this temp	Done by
1 st				
2 nd				
3 rd				

Meat item (type, size, weight)				
Method or recipe (must include a temperature and a time e.g. cooked at 180°C for 40 minutes)				
Batch	Date	Internal temp°C at thickest part	How long food stayed at this temp	Done by
1 st				
2 nd				
3 rd				

Proving that a time/temperature cooks poultry, minced meat, and liver

Proving your method means that you do not have to record every cooking check. Once you have a proven method (including 3 validation checks) you only need to check your food weekly and document it. Please refer to the topic 'Cooking poultry, minced meat and liver.'



Meat item (type, size, weight)				
Method or recipe (must include a temperature and a time e.g. cooked at 180°C for 40 minutes)				
Batch	Date	Internal temp°C at thickest part	How long food stayed at this temp	Done by
1 st				
2 nd				
3 rd				

Meat item (type, size, weight)				
Method or recipe (must include a temperature and a time e.g. cooked at 180°C for 40 minutes)				
Batch	Date	Internal temp°C at thickest part	How long food stayed at this temp	Done by
1 st				
2 nd				
3 rd				

Proving your cooling method



Proving your method means that you do not have to record every cooling check. Once you have a proven method (including 3 validation checks) you only need to check your food weekly and document it. Please refer to the topic 'Cooling freshly cooked food'.

Item (type, size, weight)								
Method (e.g. food is spread over wide and shallow trays)								
Batch	Date	Start timing when food reaches 60°C		Food needs to cool from 60°C to 21°C (or room temp, whichever is lower) in 2 hours or less		Food needs to cool from 21°C to 5°C or lower in a further 4 hours or less.		Task done by
		Start Time	Start Temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp Check	
1 st								
2 nd								
3 rd								

Item (type, size, weight)								
Method (e.g. food is spread over wide and shallow trays)								
Batch	Date	Start timing when food reaches 60°C		Food needs to cool from 60°C to 21°C (or room temp, whichever is lower) in 2 hours or less		Food needs to cool from 21°C to 5°C or lower in a further 4 hours or less.		Task done by
		Start Time	Start Temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp Check	
1 st								
2 nd								
3 rd								

Proving your cooling method



Proving your method means that you do not have to record every cooling check. Once you have a proven method (including 3 validation checks) you only need to check your food weekly and document it. Please refer to the topic 'Cooling freshly cooked food'.

Item (type, size, weight)								
Method (e.g. food is spread over wide and shallow trays)								
Batch	Date	Start timing when food reaches 60°C		Food needs to cool from 60°C to 21°C (or room temp, whichever is lower) in 2 hours or less		Food needs to cool from 21°C to 5°C or lower in a further 4 hours or less.		Task done by
		Start Time	Start Temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp Check	
1 st								
2 nd								
3 rd								

Item (type, size, weight)								
Method (e.g. food is spread over wide and shallow trays)								
Batch	Date	Start timing when food reaches 60°C		Food needs to cool from 60°C to 21°C (or room temp, whichever is lower) in 2 hours or less		Food needs to cool from 21°C to 5°C or lower in a further 4 hours or less.		Task done by
		Start Time	Start Temp	2 nd time check	2 nd temp check	3 rd time check	3 rd temp Check	
1 st								
2 nd								
3 rd								

Staff sickness

Ensure you record when your staff are sick and the symptom they have. Remember that staff who have a vomiting or diarrhoea are not permitted back to work for at least 48 hours from their last symptom. Please refer to the topic 'Managing personal hygiene and health.'



Name	Symptoms	Date	Action if taken

Maintenance record



This refers to any maintenance that you have completed at your premises.
Please refer to the topic 'Managing equipment and facilities'

Date	Task completed	By whom

Thermometer calibration



It is especially important that you calibrate your thermometer regularly.

Please refer to the topic 'Managing places and equipment'

Below are instructions for a probe thermometer:

Freezing point Method



Fill a glass that is large enough to accommodate the thermometer probe with crushed ice



Add water into the glass and stir the ice water



Place the thermometer probe into the slurry. Ensure the probe is fully immersed without touching the bottom or the sides of the glass.



Check and record the temperature, it should read 0°C. Note this down, repeat and compare three times. If the readings vary more than 1°C., the thermometer should be replaced or serviced.



Boiling point method

Fill a saucepan with water and place it on the stove

Carefully insert the thermometer probe into the boiling water. Ensure that it is fully submerged without touching the bottom or sides of the saucepan.

After a minute or two, read the temperature measurements.

Re-read the temperature of the boiling water using the calibrated thermometer at least two to three times and record results on the logbook. Wash the thermometer with room temperature water between readings.

For infrared thermometers place a single tissue on top of the crushed ice (allow tissue to become wet) and aim the infrared beam onto the tissue from a distance of 1-2cm. Perform this until three consecutive readings yield the same result.

Date	Thermometer	Reading Iced water °C	Reading Boiled water °C	Checked by	Action taken

When something goes wrong



Please refer to the topic 'When something goes wrong'

Date:

Can also be used for Mock Recall

What went wrong?
What did you do to fix it?
What actions did you take to prevent it from happening again?
How did you keep food safe and ensure no unsafe or unsuitable food was sold?

Customer Complaints



Please refer to topic 'Dealing with customer complaints'

Customer name and contact details
Date and time of purchase
Affected food (batch/lot number)
Complaint
Action taken to stop it from happening again.
Managed or resolved by

[illegible]