



From mountain to sea

# Record Book

Aberdeenshire Council

*A requirement of a HACCP based food safety management system is that monitoring activity and management checks are recorded at a frequency that reflects the nature and size of your business.*

*This Record Book is designed to work alongside your CookSafe System. By keeping the Record Book up to date your business may be able to demonstrate due diligence.*

Aberdeenshire Council  
Environmental Health

Tel – 01467 539044

Aberdeenshire Council



## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
New Staff training including Induction Rules			
Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



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## MONTHLY PROBE THERMOMETER CHECK

Is the probe thermometer in good condition and clean?

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Month												
Reading In Iced Water												
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Checked by												

### Probe 2 thermometer recording details

Month												
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Checked by												

### Probe 3 thermometer recording details

Month												
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- The readings in **iced water should be -1°C to +1°C**. If outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.
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Date and Details of Yearly Calibration		Date and Details of Yearly Calibration	
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<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
New Staff training including Induction Rules			
Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



<b>DELIVERY CHECKS (Chill Temperature below 8°C / Frozen Temperature below -15°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Supplier							
DN/Invoice							
Goods Del'd							
Chill Temp							
Frozen Temp							
Visual Checks							
Date Code							
Accept/Reject							
Initials							

COLD TEMPERATURE CHECKS (Fridge 0-5°C / Freezer - 18°C)														
	Mon		Tue		Wed		Thurs		Fri		Sat		Sun	
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Fridge/F'zer1														
Fridge/F'zer2														
Fridge/F'zer3														
Fridge/F'zer4														
Fridge/F'zer5														
Initial														

<b>COOKING TEMPERATURE CHECKS (75°C or above)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

<b>COOLING TEMPERATURE CHECKS (Cook within 90 minutes)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Start Time							
Finish Time							
Core Temp							
Food Sample							
Start Time							
Finish Time							
Core Temp							
Initials							

<b>HOT HOLDING TEMPERATURE CHECKS (Hot hold above 63°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

<b>REHEATING TEMPERATURE CHECKS (Reheat to 82°C or above)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

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### WEEK COMMENCING:

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Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>DELIVERY CHECKS (Chill Temperature below 8°C / Frozen Temperature below -15°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Supplier							
DN/Invoice							
Goods Del'd							
Chill Temp							
Frozen Temp							
Visual Checks							
Date Code							
Accept/Reject							
Initials							

**COLD TEMPERATURE CHECKS (Fridge 0-5°C / Freezer - 18°C)**

	Mon		Tue		Wed		Thurs		Fri		Sat		Sun	
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Fridge/F'zer1														
Fridge/F'zer2														
Fridge/F'zer3														
Fridge/F'zer4														
Fridge/F'zer5														
Initial														

**COOKING TEMPERATURE CHECKS (75°C or above)**

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

**COOLING TEMPERATURE CHECKS (Cook within 90 minutes)**

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Start Time							
Finish Time							
Core Temp							
Food Sample							
Start Time							
Finish Time							
Core Temp							
Initials							

**HOT HOLDING TEMPERATURE CHECKS (Hot hold above 63°C)**

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

**REHEATING TEMPERATURE CHECKS (Reheat to 82°C or above)**

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
New Staff training including Induction Rules			
Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_

## MONTHLY PROBE THERMOMETER CHECK

Is the probe thermometer in good condition and clean?

### Probe 1 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

### Probe 2 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

### Probe 3 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

- The readings in **iced water should be -1°C to +1°C**. If outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.
- The reading in **boiling water should be between 99°C and 101°C**, if outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.

Date and Details of Yearly Calibration		Date and Details of Yearly Calibration	
---	--	---	--

Aberdeenshire Council

<b>DELIVERY CHECKS (Chill Temperature below 8°C / Frozen Temperature below -15°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Supplier							
DN/Invoice							
Goods Del'd							
Chill Temp							
Frozen Temp							
Visual Checks							
Date Code							
Accept/Reject							
Initials							

COLD TEMPERATURE CHECKS (Fridge 0-5°C / Freezer - 18°C)														
	Mon		Tue		Wed		Thurs		Fri		Sat		Sun	
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Fridge/F'zer1														
Fridge/F'zer2														
Fridge/F'zer3														
Fridge/F'zer4														
Fridge/F'zer5														
Initial														

<b>COOKING TEMPERATURE CHECKS (75°C or above)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

<b>COOLING TEMPERATURE CHECKS (Cook within 90 minutes)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Start Time							
Finish Time							
Core Temp							
Food Sample							
Start Time							
Finish Time							
Core Temp							
Initials							

<b>HOT HOLDING TEMPERATURE CHECKS (Hot hold above 63°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

<b>REHEATING TEMPERATURE CHECKS (Reheat to 82°C or above)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
New Staff training including Induction Rules			
Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_





## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
New Staff training including Induction Rules			
Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
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Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
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If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>DELIVERY CHECKS (Chill Temperature below 8°C / Frozen Temperature below -15°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Supplier							
DN/Invoice							
Goods Del'd							
Chill Temp							
Frozen Temp							
Visual Checks							
Date Code							
Accept/Reject							
Initials							

COLD TEMPERATURE CHECKS (Fridge 0-5°C / Freezer - 18°C)														
	Mon		Tue		Wed		Thurs		Fri		Sat		Sun	
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Fridge/F'zer1														
Fridge/F'zer2														
Fridge/F'zer3														
Fridge/F'zer4														
Fridge/F'zer5														
Initial														

<b>COOKING TEMPERATURE CHECKS (75°C or above)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

<b>COOLING TEMPERATURE CHECKS (Cook within 90 minutes)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Start Time							
Finish Time							
Core Temp							
Food Sample							
Start Time							
Finish Time							
Core Temp							
Initials							

<b>HOT HOLDING TEMPERATURE CHECKS (Hot hold above 63°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

<b>REHEATING TEMPERATURE CHECKS (Reheat to 82°C or above)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

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Other Training			

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Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## WEEKLY RECORD

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Cooking and Cooling			

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Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

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

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HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## WEEKLY RECORD

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Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

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Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

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

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## MONTHLY PROBE THERMOMETER CHECK

Is the probe thermometer in good condition and clean?

### Probe 1 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

### Probe 2 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

### Probe 3 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

- The readings in **iced water should be -1°C to +1°C**. If outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.
- The reading in **boiling water should be between 99°C and 101°C**, if outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.

Date and Details of Yearly Calibration		Date and Details of Yearly Calibration	
--	--	--	--

Aberdeenshire Council

<b>DELIVERY CHECKS (Chill Temperature below 8°C / Frozen Temperature below -15°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Supplier							
DN/Invoice							
Goods Del'd							
Chill Temp							
Frozen Temp							
Visual Checks							
Date Code							
Accept/Reject							
Initials							

COLD TEMPERATURE CHECKS (Fridge 0-5°C / Freezer - 18°C)														
	Mon		Tue		Wed		Thurs		Fri		Sat		Sun	
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Fridge/F'zer1														
Fridge/F'zer2														
Fridge/F'zer3														
Fridge/F'zer4														
Fridge/F'zer5														
Initial														

<b>COOKING TEMPERATURE CHECKS (75°C or above)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

<b>COOLING TEMPERATURE CHECKS (Cook within 90 minutes)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Start Time							
Finish Time							
Core Temp							
Food Sample							
Start Time							
Finish Time							
Core Temp							
Initials							

<b>HOT HOLDING TEMPERATURE CHECKS (Hot hold above 63°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

<b>REHEATING TEMPERATURE CHECKS (Reheat to 82°C or above)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
New Staff training including Induction Rules			
Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## WEEKLY RECORD

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Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

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HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>DELIVERY CHECKS (Chill Temperature below 8°C / Frozen Temperature below -15°C)</b>							
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Supplier							
DN/Invoice							
Goods Del'd							
Chill Temp							
Frozen Temp							
Visual Checks							
Date Code							
Accept/Reject							
Initials							

COLD TEMPERATURE CHECKS (Fridge 0-5°C / Freezer - 18°C)														
	Mon		Tue		Wed		Thurs		Fri		Sat		Sun	
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Fridge/F'zer1														
Fridge/F'zer2														
Fridge/F'zer3														
Fridge/F'zer4														
Fridge/F'zer5														
Initial														

<b>COOKING TEMPERATURE CHECKS (75°C or above)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

<b>COOLING TEMPERATURE CHECKS (Cook within 90 minutes)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Start Time							
Finish Time							
Core Temp							
Food Sample							
Start Time							
Finish Time							
Core Temp							
Initials							

<b>HOT HOLDING TEMPERATURE CHECKS (Hot hold above 63°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

<b>REHEATING TEMPERATURE CHECKS (Reheat to 82°C or above)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

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Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_





## WEEKLY RECORD

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### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
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Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
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Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>DELIVERY CHECKS (Chill Temperature below 8°C / Frozen Temperature below -15°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Supplier							
DN/Invoice							
Goods Del'd							
Chill Temp							
Frozen Temp							
Visual Checks							
Date Code							
Accept/Reject							
Initials							

COLD TEMPERATURE CHECKS (Fridge 0-5°C / Freezer - 18°C)														
	Mon		Tue		Wed		Thurs		Fri		Sat		Sun	
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Fridge/F'zer1														
Fridge/F'zer2														
Fridge/F'zer3														
Fridge/F'zer4														
Fridge/F'zer5														
Initial														

<b>COOKING TEMPERATURE CHECKS (75°C or above)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

<b>COOLING TEMPERATURE CHECKS (Cook within 90 minutes)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Start Time							
Finish Time							
Core Temp							
Food Sample							
Start Time							
Finish Time							
Core Temp							
Initials							

<b>HOT HOLDING TEMPERATURE CHECKS (Hot hold above 63°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

<b>REHEATING TEMPERATURE CHECKS (Reheat to 82°C or above)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
New Staff training including Induction Rules			
Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_

## MONTHLY PROBE THERMOMETER CHECK

Is the probe thermometer in good condition and clean?

### Probe 1 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

### Probe 2 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

### Probe 3 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

- The readings in **iced water should be -1°C to +1°C**. If outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.
- The reading in **boiling water should be between 99°C and 101°C**, if outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.

Date and Details of Yearly Calibration		Date and Details of Yearly Calibration	
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Aberdeenshire Council



## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

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New Staff training including Induction Rules			
Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_





## WEEKLY RECORD

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### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
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Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
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Personal Cleanliness Rules			
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Illness/Exclusion/Return to Work Rules			

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<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

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HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## WEEKLY RECORD

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Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

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Good Housekeeping Rules			

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Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

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

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Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



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Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

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Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

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

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HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



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<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
New Staff training including Induction Rules			
Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## MONTHLY PROBE THERMOMETER CHECK

Is the probe thermometer in good condition and clean?

### Probe 1 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

### Probe 2 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

### Probe 3 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

- The readings in **iced water should be -1°C to +1°C**. If outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.
- The reading in **boiling water should be between 99°C and 101°C**, if outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.

Date and Details of Yearly Calibration		Date and Details of Yearly Calibration	
--	--	--	--

Aberdeenshire Council

## REVIEW

It is essential that your HACCP based procedures are kept up to date. A review of your system must be carried out on a regular basis, ideally every six months or if any of the circumstances covered in the table below arises.

Use the table as a checklist of circumstances which may lead to a change or addition to your HACCP based system and record the changes you have made.

### Date of Review

EXAMPLES	Applicable? Yes or no	If YES, what changes are needed to your HACCP based procedures?	Summary of changes made, date and initials
Introduction of any new dish with substantially difference process			
Introduction of new equipment/supplier or delivery methods			
Changes to premises layout			
Changes to House Rules			
A Local Authority inspection where deficiencies were noted			
New information available on hazards and risks			
Cleaning Chemical Changes			
Staff Changes			
Customer Complaint			
Six Monthly Review (if applicable)			
Other factors not mentioned above (detail)			

Aberdeenshire Council



## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
New Staff training including Induction Rules			
Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
New Staff training including Induction Rules			
Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_





## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
New Staff training including Induction Rules			
Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>DELIVERY CHECKS (Chill Temperature below 8°C / Frozen Temperature below -15°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Supplier							
DN/Invoice							
Goods Del'd							
Chill Temp							
Frozen Temp							
Visual Checks							
Date Code							
Accept/Reject							
Initials							

COLD TEMPERATURE CHECKS (Fridge 0-5°C / Freezer - 18°C)														
	Mon		Tue		Wed		Thurs		Fri		Sat		Sun	
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Fridge/F'zer1														
Fridge/F'zer2														
Fridge/F'zer3														
Fridge/F'zer4														
Fridge/F'zer5														
Initial														

<b>COOKING TEMPERATURE CHECKS (75°C or above)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

<b>COOLING TEMPERATURE CHECKS (Cook within 90 minutes)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Start Time							
Finish Time							
Core Temp							
Food Sample							
Start Time							
Finish Time							
Core Temp							
Initials							

<b>HOT HOLDING TEMPERATURE CHECKS (Hot hold above 63°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

<b>REHEATING TEMPERATURE CHECKS (Reheat to 82°C or above)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
New Staff training including Induction Rules			
Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
New Staff training including Induction Rules			
Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_

## MONTHLY PROBE THERMOMETER CHECK

Is the probe thermometer in good condition and clean?

### Probe 1 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

### Probe 2 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

### Probe 3 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

- The readings in **iced water should be -1°C to +1°C**. If outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.
- The reading in **boiling water should be between 99°C and 101°C**, if outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.

Date and Details of Yearly Calibration		Date and Details of Yearly Calibration	
--	--	--	--

Aberdeenshire Council





## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
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Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

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Formal Training/Retraining Rules			
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Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
New Staff training including Induction Rules			
Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
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Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
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Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



<b>DELIVERY CHECKS (Chill Temperature below 8°C / Frozen Temperature below -15°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Supplier							
DN/Invoice							
Goods Del'd							
Chill Temp							
Frozen Temp							
Visual Checks							
Date Code							
Accept/Reject							
Initials							

**COLD TEMPERATURE CHECKS (Fridge 0-5°C / Freezer - 18°C)**

	Mon		Tue		Wed		Thurs		Fri		Sat		Sun	
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Fridge/F'zer1														
Fridge/F'zer2														
Fridge/F'zer3														
Fridge/F'zer4														
Fridge/F'zer5														
Initial														

**COOKING TEMPERATURE CHECKS (75°C or above)**

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

**COOLING TEMPERATURE CHECKS (Cook within 90 minutes)**

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Start Time							
Finish Time							
Core Temp							
Food Sample							
Start Time							
Finish Time							
Core Temp							
Initials							

**HOT HOLDING TEMPERATURE CHECKS (Hot hold above 63°C)**

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

**REHEATING TEMPERATURE CHECKS (Reheat to 82°C or above)**

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
New Staff training including Induction Rules			
Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_

## MONTHLY PROBE THERMOMETER CHECK

Is the probe thermometer in good condition and clean?

### Probe 1 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

### Probe 2 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

### Probe 3 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

- The readings in **iced water should be -1°C to +1°C**. If outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.
- The reading in **boiling water should be between 99°C and 101°C**, if outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.

Date and Details of Yearly Calibration		Date and Details of Yearly Calibration	
---	--	---	--

Aberdeenshire Council



## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
New Staff training including Induction Rules			
Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
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Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
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Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
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Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_





## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
New Staff training including Induction Rules			
Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

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Formal Training/Retraining Rules			
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Personal Cleanliness Rules			
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Cleaning Chemicals Rules to include contact time, application and dilution			

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Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
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Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

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HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## WEEKLY RECORD

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### WEEK COMMENCING:

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Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

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HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_

## MONTHLY PROBE THERMOMETER CHECK

Is the probe thermometer in good condition and clean?

### Probe 1 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

### Probe 2 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

### Probe 3 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

- The readings in **iced water should be -1°C to +1°C**. If outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.
- The reading in **boiling water should be between 99°C and 101°C**, if outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.

Date and Details of Yearly Calibration		Date and Details of Yearly Calibration	
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Aberdeenshire Council





## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

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<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
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Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
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Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

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Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

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All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

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Formal Training/Retraining Rules			
Other Training			

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Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

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All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

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Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
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Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
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Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



<b>DELIVERY CHECKS (Chill Temperature below 8°C / Frozen Temperature below -15°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Supplier							
DN/Invoice							
Goods Del'd							
Chill Temp							
Frozen Temp							
Visual Checks							
Date Code							
Accept/Reject							
Initials							

COLD TEMPERATURE CHECKS (Fridge 0-5°C / Freezer - 18°C)														
	Mon		Tue		Wed		Thurs		Fri		Sat		Sun	
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Fridge/F'zer1														
Fridge/F'zer2														
Fridge/F'zer3														
Fridge/F'zer4														
Fridge/F'zer5														
Initial														

<b>COOKING TEMPERATURE CHECKS (75°C or above)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

<b>COOLING TEMPERATURE CHECKS (Cook within 90 minutes)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Start Time							
Finish Time							
Core Temp							
Food Sample							
Start Time							
Finish Time							
Core Temp							
Initials							

<b>HOT HOLDING TEMPERATURE CHECKS (Hot hold above 63°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

<b>REHEATING TEMPERATURE CHECKS (Reheat to 82°C or above)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

## WEEKLY RECORD

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Formal Training/Retraining Rules			
Other Training			

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Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
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Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_

## MONTHLY PROBE THERMOMETER CHECK

Is the probe thermometer in good condition and clean?

### Probe 1 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

### Probe 2 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

### Probe 3 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

- The readings in **iced water should be -1°C to +1°C**. If outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.
- The reading in **boiling water should be between 99°C and 101°C**, if outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.

Date and Details of Yearly Calibration		Date and Details of Yearly Calibration	
--	--	--	--

Aberdeenshire Council

<b>DELIVERY CHECKS (Chill Temperature below 8°C / Frozen Temperature below -15°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Supplier							
DN/Invoice							
Goods Del'd							
Chill Temp							
Frozen Temp							
Visual Checks							
Date Code							
Accept/Reject							
Initials							

COLD TEMPERATURE CHECKS (Fridge 0-5°C / Freezer - 18°C)														
	Mon		Tue		Wed		Thurs		Fri		Sat		Sun	
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Fridge/F'zer1														
Fridge/F'zer2														
Fridge/F'zer3														
Fridge/F'zer4														
Fridge/F'zer5														
Initial														

<b>COOKING TEMPERATURE CHECKS (75°C or above)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

<b>COOLING TEMPERATURE CHECKS (Cook within 90 minutes)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Start Time							
Finish Time							
Core Temp							
Food Sample							
Start Time							
Finish Time							
Core Temp							
Initials							

<b>HOT HOLDING TEMPERATURE CHECKS (Hot hold above 63°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

<b>REHEATING TEMPERATURE CHECKS (Reheat to 82°C or above)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
New Staff training including Induction Rules			
Formal Training/Retraining Rules			
Other Training			

<b>PERSONAL HYGIENE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Hand Washing Rules			
Personal Cleanliness Rules			
Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

<b>CLEANING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## WEEKLY RECORD

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Rules on Storage			
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Cooking and Cooling			

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Good Housekeeping Rules			

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Waste in Food Rooms and Waste Collection Rules			

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Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

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Illness/Exclusion/Return to Work Rules			

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Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

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Good Housekeeping Rules			

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Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

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HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>DELIVERY CHECKS (Chill Temperature below 8°C / Frozen Temperature below -15°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Supplier							
DN/Invoice							
Goods Del'd							
Chill Temp							
Frozen Temp							
Visual Checks							
Date Code							
Accept/Reject							
Initials							

COLD TEMPERATURE CHECKS (Fridge 0-5°C / Freezer - 18°C)														
	Mon		Tue		Wed		Thurs		Fri		Sat		Sun	
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Fridge/F'zer1														
Fridge/F'zer2														
Fridge/F'zer3														
Fridge/F'zer4														
Fridge/F'zer5														
Initial														

<b>COOKING TEMPERATURE CHECKS (75°C or above)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

<b>COOLING TEMPERATURE CHECKS (Cook within 90 minutes)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Start Time							
Finish Time							
Core Temp							
Food Sample							
Start Time							
Finish Time							
Core Temp							
Initials							

<b>HOT HOLDING TEMPERATURE CHECKS (Hot hold above 63°C)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

<b>REHEATING TEMPERATURE CHECKS (Reheat to 82°C or above)</b>							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Food Sample							
Core Temp							
Food Sample							
Core Temp							
Initials							

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Protective Clothing Rules			
Illness/Exclusion/Return to Work Rules			

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Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

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Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

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HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

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Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

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HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_

## MONTHLY PROBE THERMOMETER CHECK

Is the probe thermometer in good condition and clean?

### Probe 1 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

### Probe 2 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

### Probe 3 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

- The readings in **iced water should be -1°C to +1°C**. If outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.
- The reading in **boiling water should be between 99°C and 101°C**, if outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.

Date and Details of Yearly Calibration		Date and Details of Yearly Calibration	
--	--	--	--

Aberdeenshire Council





## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

### WEEK COMMENCING:

<b>TRAINING</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
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Illness/Exclusion/Return to Work Rules			

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Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## WEEKLY RECORD

The following ongoing checks should be carried out by the Manager or Proprietor during each working week and should be carried out by all businesses using 'CookSafe'

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Cooking and Cooling			

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Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_



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Date \_\_\_\_\_



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Equipment Rules			

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Rules on stock control measures			

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Have the <b>Temperature Control House Rules</b> been followed?			

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HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_





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All specified equipment and areas cleaned as per cleaning schedule			
Cleaning Chemicals Rules to include contact time, application and dilution			

<b>CROSS CONTAMINATION</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on Delivery			
Rules on Storage			
Rules on Preparation			
Cooking and Cooling			

<b>PEST CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Pest Proofing, insect Screens/Fly-killing Devices Rules			
Good Housekeeping Rules			

<b>WASTE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Waste in Food Rooms and Waste Collection Rules			

<b>MAINTENANCE</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Premises Structure Rules			
Equipment Rules			

<b>STOCK CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Rules on stock control measures			

<b>TEMPERATURE CONTROL</b> Have the <b>House Rules</b> been followed:	YES	NO	N/A
Have the <b>Temperature Control House Rules</b> been followed?			

<b>RECORDS</b>	YES	NO	N/A
Have all necessary Temperature Checks been recorded using the correct recording form/s?			

If the answer to any of the above questions is "NO" then enter the corrective action details in the table below

HOUSE RULES DEVIATIONS OBSERVED	CORRECTIVE ACTION TAKEN

Manager/Proprietor's Signature \_\_\_\_\_

Date \_\_\_\_\_

## MONTHLY PROBE THERMOMETER CHECK

Is the probe thermometer in good condition and clean?

### Probe 1 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

### Probe 2 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

### Probe 3 thermometer recording details

Month												
Reading In Iced Water												
Reading in Boiling Water												
Checked by												

- The readings in **iced water should be -1°C to +1°C**. If outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.
- The reading in **boiling water should be between 99°C and 101°C**, if outside this range the unit should be replaced or returned to the manufacturer to be recalibrated.

Date and Details of Yearly Calibration		Date and Details of Yearly Calibration	
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## REVIEW

It is essential that your HACCP based procedures are kept up to date. A review of your system must be carried out on a regular basis, ideally every six months or if any of the circumstances covered in the table below arises.

Use the table as a checklist of circumstances which may lead to a change or addition to your HACCP based system and record the changes you have made.

### Date of Review

EXAMPLES	Applicable? Yes or no	If YES, what changes are needed to your HACCP based procedures?	Summary of changes made, date and initials
Introduction of any new dish with substantially difference process			
Introduction of new equipment/supplier or delivery methods			
Changes to premises layout			
Changes to House Rules			
A Local Authority inspection where deficiencies were noted			
New information available on hazards and risks			
Cleaning Chemical Changes			
Staff Changes			
Customer Complaint			
Six Monthly Review (if applicable)			
Other factors not mentioned above (detail)			

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