Safe food diary

Week beginning (date)	✓ if ok and X if not ok If X write details below						
	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Safe cooking							
Safe chilled food							
Safe frozen food							
Safe hot holding							
Safe cooling							
Safe reheating							
Safe stock control							
Safe personal hygiene							
Safe cleaning and maintenance							
Safe pest control							
Cross contamination							
Other contamination							
Natural contamination							

Date	Problem	Action taken	Name

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