

Week commencing:

**Monday**

Any problems or changes – what did you do?

Opening checks ☐ Closing checks ☐

Name Signed

\_\_\_\_\_

Our safe methods were followed and effectively supervised today.

**Tuesday**

Any problems or changes – what did you do?

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# 4-WEEKLY REVIEW



**Take some time to walk around the kitchen and observe whether safe methods are being followed. Write details of any problems below and what you did about it.**

Also look back over the past 4 weeks' diary entries. If you had a serious problem, or the same thing went wrong three times or more, make a note of it here, find out why and record what you did to resolve it.

**Please remember:** this review requires completion even if no problems have been found.

*Did you observe any problems or did the same issue occur in the diary three times or more?* Yes ☐ No ☐

| DETAILS     | WHAT DID YOU DO ABOUT IT? |
|-------------|---------------------------|
| <div></div> | <div></div>               |

| SAFE METHOD                                                                                       | CHECK LIST                                               |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Have you reviewed your safe methods?                                                              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has allergen information been updated to reflect any menu or ingredient changes?                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you changed any equipment or processes which change your safe methods?                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have any new suppliers been recorded with contact information?                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the cleaning schedule require updating?                                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have new staff (if applicable) been trained in all safe methods?                                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do any existing staff require safe method refresher training?                                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are any extra opening or closing checks required?                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If any food complaints have been received, have they been investigated and safe methods reviewed? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have probes been calibrated in the last 4 weeks and results recorded?                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have extra checks been completed and recorded weekly?                                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are prove it checks being completed regularly and recorded?                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |

## ADDITIONAL DETAILS

NAME:

SIGNED: