

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.	

Friday Any problems or changes – what did you do?	
Opening checks	Closing checks
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Tuesday Any problems or changes – what did you do?	
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Saturday Any problems or changes – what did you do?	
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Wednesday Any problems or changes – what did you do?	
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Sunday 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?

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

ADDITIONAL DETAILS

NAME:

SIGNED: