

Month J F M A M J J A S O N D Year 20__

Date	Chiller 1	Chiller 2	Chiller 3	Freezer 1	Freezer 2	Freezer 3	Is this the right temperature?	What did you do to fix it?
1							Yes <input type="checkbox"/> No <input type="checkbox"/>	
2							Yes <input type="checkbox"/> No <input type="checkbox"/>	
3							Yes <input type="checkbox"/> No <input type="checkbox"/>	
4							Yes <input type="checkbox"/> No <input type="checkbox"/>	
5							Yes <input type="checkbox"/> No <input type="checkbox"/>	
6							Yes <input type="checkbox"/> No <input type="checkbox"/>	
7							Yes <input type="checkbox"/> No <input type="checkbox"/>	
8							Yes <input type="checkbox"/> No <input type="checkbox"/>	
9							Yes <input type="checkbox"/> No <input type="checkbox"/>	
10							Yes <input type="checkbox"/> No <input type="checkbox"/>	
11							Yes <input type="checkbox"/> No <input type="checkbox"/>	
12							Yes <input type="checkbox"/> No <input type="checkbox"/>	
13							Yes <input type="checkbox"/> No <input type="checkbox"/>	
14							Yes <input type="checkbox"/> No <input type="checkbox"/>	
15							Yes <input type="checkbox"/> No <input type="checkbox"/>	
16							Yes <input type="checkbox"/> No <input type="checkbox"/>	
17							Yes <input type="checkbox"/> No <input type="checkbox"/>	
18							Yes <input type="checkbox"/> No <input type="checkbox"/>	
19							Yes <input type="checkbox"/> No <input type="checkbox"/>	
20							Yes <input type="checkbox"/> No <input type="checkbox"/>	
21							Yes <input type="checkbox"/> No <input type="checkbox"/>	
22							Yes <input type="checkbox"/> No <input type="checkbox"/>	
23							Yes <input type="checkbox"/> No <input type="checkbox"/>	
24							Yes <input type="checkbox"/> No <input type="checkbox"/>	
25							Yes <input type="checkbox"/> No <input type="checkbox"/>	
26							Yes <input type="checkbox"/> No <input type="checkbox"/>	
27							Yes <input type="checkbox"/> No <input type="checkbox"/>	
28							Yes <input type="checkbox"/> No <input type="checkbox"/>	
29							Yes <input type="checkbox"/> No <input type="checkbox"/>	
30							Yes <input type="checkbox"/> No <input type="checkbox"/>	
31							Yes <input type="checkbox"/> No <input type="checkbox"/>	

Recommended temperatures:

Hot foods cooked to above 75°C, Chillers below 8°C, Freezer below -18°C

Masters Signature:

These records show correct application of the food safety management system.

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