**MONTHLY RECORD**

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| **The following ongoing checks should be carried out by the Manager or Proprietor during each month and should be carried out by all businesses using ‘**Cook**Safe’**. |

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| **MONTH & YEAR:** |  |

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| **TRAINING** Have the **House Rules** been followed? | YES | NO | N/A |
| New Staff training including Induction Rules |  |  |  |
| Formal Training/Retraining Rules |  |  |  |
| Other Training |  |  |  |

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| **PERSONAL HYGIENE** Have the **House Rules** been followed? | YES | NO | N/A |
| Hand Washing Rules |  |  |  |
| Personal Cleanliness Rules |  |  |  |
| Protective Clothing Rules |  |  |  |
| Illness/Exclusion/Return to Work Rules |  |  |  |

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| **CLEANING** Have the **House Rules** 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 |  |  |  |

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| **CROSS CONTAMINATION PREVENTION Have** the **House Rules** been followed? | YES | NO | N/A |
| Rules on Delivery |  |  |  |
| Rules on Storage |  |  |  |
| Rules on Preparation |  |  |  |
| Cooking and Cooling |  |  |  |

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| **PEST CONTROL** Have the **House Rules** been followed? | YES | NO | N/A |
| Pest Proofing, Insect Screens/Fly-killing Devices Rules |  |  |  |
| Good Housekeeping Rules |  |  |  |

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| **WASTE CONTROL** Have the **House Rules** been followed? | YES | NO | N/A |
| Waste in Food Rooms and Waste Collection Rules |  |  |  |

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| **MAINTENANCE** Have the **House Rules** been followed? | YES | NO | N/A |
| Premises Structure Rules |  |  |  |
| Equipment Rules |  |  |  |

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| **STOCK CONTROL** Have the **House Rules** been followed? | YES | NO | N/A |
| Rules on stock control measures |  |  |  |

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| **TEMPERATURE CONTROL**  Have the **House Rules** been followed? | YES | NO | N/A |
| Have the **Temperature Control House Rules** been followed? |  |  |  |

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| **RECORDS** | 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**

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| **HOUSE RULES DEVIATIONS OBSERVED** | **CORRECTIVE ACTIONS TAKEN** |
|  |  |

**Monthly Probe Thermometer Checks**

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| --- | --- | --- |
|  | **Reading in boiling water**  (99 to 101oC acceptable) | **Reading in iced water**  (-1 to 1oC acceptable) |
| Cooked food probe |  |  |
| Raw food probe |  |  |

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| **Manager/Proprietor’s Signature** |  | **Date** |  |