

6.7 Basic Kitchen opening and closing checks

Enter a tick and initial if satisfactory

Enter X and initial if a problem and make a note. Add any action taken and if problem is resolved sign and date

To be completed daily

Week beginning _____.

Day		Mon	Tues	Wed	Thurs	Fri
Personal Hygiene	Hands washed					
	Clean apron					
	Hair tied back					
Fridge	Working properly					
	Temperature					
	Separate containers for all food					
Appliances	Microwave					
	Kettle					
Cloths clean	Dish					
	Surface					
	T-Towels					
INITIAL						

Children's Food allergies checked (see list)					
Food fresh and in-date					
Packed lunches checked and used within 4 hours of preparation					
No physical or chemical or pest contamination of stored food					
INITIAL					

Closing checks

Unused food put away correctly					
Leftover food and past sell-by-date food discarded					
Crockery and utensils washed up and put away dry					
Rubbish removed/bin cleaned					
Dirty cloths removed for washing					
Work surface clean and disinfected					
Floors clean					
INITIAL					

Report any problems and actions taken here