Kitchen Manual Appendix 3: Cumberland Care: **Daily diary sheet**

Catering Kitchen name: Date:

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| Opening checks | Please circle | Action taken |
| Are fridges, chilled display equipment and freezers working properly? | Yes / No |  |
| Other kitchen equipment. e.g., ovens working correctly? | Yes / No |  |
| Are staff fit for work and wearing clean correct uniform? | Yes / No |  |
| Are the food preparation area clean including surfaces, equipment, utensils etc.? | Yes / No |  |
| Are there plenty of hand washing and cleaning materials available? | Yes / No |  |

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| Deliveries today |
| Suppliers' name / details of items delivered | Suppliers' name / details of items delivered |
| Delivery temperatures (chilled food below 8°C, frozen food -15°C) | OK / Req. action | Delivery temperatures (chilled food below 8°C, frozen food -15°C) | OK / Req. action |
| Food packaging condition | OK / Req. action | Food packaging condition | OK / Req. action |
| Within date codes? | OK / Req. action | Within date codes? | OK / Req. action |
| Corrective actions taken? i.e., rejected delivery / changed menu? | Yes / No | Corrective actions taken? i.e., rejected delivery / changed menu? | Yes / No |

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| Cold food records |
| Inside temperature of the refrigerator **(MUST BE BELOW 5ºC)** | Fridge Number | Fridge Number | Fridge Number | Fridge Number |
| Temperature records (recommended twice daily) | AM | PM | AM | PM | AM | PM | AM | PM |
| Inside temperature of the freezer **(MUST BE BELOW -18ºC)** | Freezer number | Freezer number | Freezer number | Freezer number |
| Fridge / Freezer Function Check (Recommended daily) | OK / Req action | OK / Req action | OK / Req action | OK / Req action |
| Any corrective actions taken OR defects reported complete Appendix 4 form |

Cold food records

Kitchen Manual Appendix 3: Cumberland Care: **Daily diary** “Cooking and Hot holding” sections must be filled in daily.

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| Hot temperature records |
| Food Item | Cooking  | Cooling  | Reheating  | Hot Holding  |
|   | Time in | Time out | Temp atTime out | Time in | Time out | Temp atTime out | Timestart | Time end | Temp atTime out | Core TempWhen PuttingIn trolley | Time ofcheck | Temp attime outof trolley | Time ofcheck |
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| Cleaning  |
|  Has all cleaning been carried out in accordance with your cleaning schedule? Yes / No |
|  Are there sufficient stocks of cleaning materials? Yes / No |
|  Have all staff been observing the clear as you go method today? Yes / No |
|  Corrective actions? Yes / No  |
| Closing checks  |
|  No food has been left out. | Yes / No  | Dirty cloths have been removed for cleaning and replaced with clean ones. |  Yes / No  |
| Food past its “use by” date has been flown away.  | Yes / No  | Waste has been removed and new bags put into the bins | Yes / No  |
| Outstanding defects report / s followed up with the supervisor | Yes / No  |

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| **Other Comments**  |
| **Signed by: Name (Print):**  |