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 at  Time out | | Time in | | Time out | Temp at  Time out | | Time  start | Time end | Temp at  Time out | Core Temp  When Putting  In trolley | Time of  check | | Temp at  time out  of trolley | Time of  check |
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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):** |