Kitchen Manual Appendix 4: Cumberland Care: **Monthly temperature probe check record**

It is essential to know that your probe is working properly, so you can rely on its readings. Probes should be checked monthly. A simple way for you to check your digital probe is to put it in iced water and boiling water: The readings in iced water should be between -1°C and 1°C. The readings in boiling water should be between 99°C and 101°C. If the reading is outside this range, you should inform the supervisor to have the probe replaced.

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| Probe checks January–April | Probe checks May–August | Probe checks September–December |
| **January**  Date of check ..................................................................... Readings in iced water ..................................................... Reading in boiling water ................................................... Battery check OK / FAIL  Thermometer check record………………………………  Action taken ....................................................................... | **May**  Date of check ..................................................................... Readings in iced water ..................................................... Reading in boiling water ................................................... Battery check OK / FAIL  Thermometer check record………………………………  Action taken ....................................................................... | **September**  Date of check ..................................................................... Readings in iced water ..................................................... Reading in boiling water ................................................... Battery check OK / FAIL  Thermometer check record………………………………  Action taken ....................................................................... |
| **February**  Date of check ..................................................................... Readings in iced water ..................................................... Reading in boiling water ................................................... Battery check OK / FAIL  Thermometer check record………………………………  Action taken ....................................................................... | **June**  Date of check ..................................................................... Readings in iced water ..................................................... Reading in boiling water ................................................... Battery check OK / FAIL  Thermometer check record………………………………  Action taken ....................................................................... | **October**  Date of check ..................................................................... Readings in iced water ..................................................... Reading in boiling water ................................................... Battery check OK / FAIL  Thermometer check record………………………………  Action taken ....................................................................... |
| **March**  Date of check ..................................................................... Readings in iced water ..................................................... Reading in boiling water ................................................... Battery check OK / FAIL  Thermometer check record………………………………  Action taken ....................................................................... | **July**  Date of check ..................................................................... Readings in iced water ..................................................... Reading in boiling water ................................................... Battery check OK / FAIL  Thermometer check record………………………………  Action taken ....................................................................... | **November**  Date of check ..................................................................... Readings in iced water ..................................................... Reading in boiling water ................................................... Battery check OK / FAIL  Thermometer check record………………………………  Action taken ....................................................................... |
| **April**  Date of check ..................................................................... Readings in iced water ..................................................... Reading in boiling water ................................................... Battery check OK / FAIL  Thermometer check record………………………………  Action taken ....................................................................... | **August**  Date of check ..................................................................... Readings in iced water ..................................................... Reading in boiling water ................................................... Battery check OK / FAIL  Thermometer check record………………………………  Action taken ....................................................................... | **December**  Date of check ..................................................................... Readings in iced water ..................................................... Reading in boiling water ................................................... Battery check OK / FAIL  Thermometer check record………………………………  Action taken ....................................................................... |

Kitchen Manual Appendix 4: Cumberland Care: **Defect report form**

**Site name: Date:**

When you have identified a defective piece of equipment or item, please DO NOT CONTINUE TO USE IT. You should notify the supervisor immediately so that they can take the appropriate action to report and have it repaired. Please also record when you have identified defects on your daily diary sheets. For all defects, please complete the form below, a copy of this form should be given to the supervisor and kept on file.

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| --- | --- | --- |
| Defective item / description of defect | Actions taken by Cook / Staff Member (e.g., appliance to be taken out of action) | Date actioned |
|  |  | Repaired / and or disposed of? |
| this an electrical item? Yes / No  (Do not allow defective electrical equipment to be used) | Have you reported this before? Yes/ No  If so, when? .......................................................... | |
| Further comments | |  |
| If you have any other outstanding issues, please list them: | |  |

Signed by Staff Member: Supervisor: