COOKING TEMPERATURES

Facility Name _____**WEEK ENDING:** _____

Menu Item	Required Temp	Temp/Initials													Corrective Action/Initials/ Date
		Sat		Sun		Mon		Tues		Wed		Thu		Fri		
		am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	

Reviewed By:	Date:

COLD / HOT FOOD HOLDING LOG

FACILITY NAME:

Date: _____

Food	Temperature Required	Time	Actual Temperature	Checked By (Initials)	Corrective Actions

Critical Limit:
Cold Holding – 41°F or below
Hot Holding – 135°F or above

Reviewed by: **Date:**

COOLER TEMPERATURES

Facility Name:_____**Cooler Location:**_____

Time: Date:	Temp/ Initials:	Temp/ Initials:	Temp/ Initials:	Temp/ Initials:	Corrective Action/Initial

Coolertemps.doc

Reviewed by:_____   **Date:**_____

COOLER TEMPERATURES

Facility Name:

Cooler Location Date/Time:	Temp/ Initials:	Temp/ Initials:	Temp/ Initials:	Temp/ Initials:	Corrective Action/Initial

Reviewed by: _____Date:_____

Coolertemps.doc

Dishmachine Sanitizer Log Chemical

Facility Name:

Date/Time	Initials	Wash Temp.	Rinse Temp.	PSI	Verified* ppm	Corrective Action/Initials

*Verified by use of chemical test strip.

Reviewed By :_____Date_____

Dishmachine Sanitizer Log
High Temp

Facility Name:

Date/Time	Initials	Wash Temp.	Sanitizing Temp.	PSI	Verified* Yes/No	Corrective Action/Initials

*Verified by use of temperature sensitive tape or other testing device.

Reviewed By :_____Date_____

Thermometer Calibration Log

Facility Name:

Date/Time	Thermometer ID	Calibration Method:	Comments	Corrective Action/Initials

Reviewed by: Date:

TIME CONTROL LOG

FACILITY NAME:

START TIME: When the food is taken off the stove, the oven, etc.
DISCARD TIME: START TIME + 4 HOURS

Date:	Food Item	Start Quantity	Start Time	Discard Time	Time Discarded	Discard Quantity	Initials

Reviewed by:	Date: