

# 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: _____
--------------------	-------------