Temperature record

A clear record for readings, actions and the person who carried out the check.

Business / kitchen _____ **Week beginning** _____

Equipment / food _____ **Reviewed limits / procedure reference** _____

Date	Time	Equipment / food	Reading °C	Action / follow-up	Staff name

Record the actual reading. Follow your kitchen procedure and record any action taken.

Use with your reviewed food safety procedures. Not an official FSA form or a completed SFBB record.

Want connected records and QR filing? Visit www.sarniankitchen.co.uk