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Cooking and Reheating Temperature Log

Instructions: Record product name, time, the two temperatures/times, and any corrective action taken on this form. The foodservice manager will verify that foodservice employees have taken the required cooking temperatures by visually monitoring foodservice employees and preparation procedures during the shift and reviewing, initialing, and dating this log daily. Maintain this log for a minimum of 1 year.

Date and Time		Food Item	Internal Temperature/ Time	Internal Temperature/ Time	Corrective Action Taken	Initials	Verified By/ Date

Cooling Temperature Log

Instructions: Record temperatures every hour during the cooling cycle. Record corrective actions, if applicable. If no foods are cooled on any working day, indicate “No Foods Cooled” in the Food Item column. The foodservice manager will verify that the foodservice staff is cooling food properly by visually monitoring foodservice employees during the shift and reviewing, initialing, and dating this log daily. Maintain this log for a minimum of 1 year.

Date	Food Item	Time/ Temp	Time/ Temp	Time/ Temp	Time/ Temp	Time/ Temp	Time/ Temp	Corrective Actions Taken	Initials	Verified By/ Date

Corrective Action Record Sheet

Date	Time	Critical Limit Error	Corrective Action	Signature

Damaged or Discarded Product Log

Instructions: Foodservice employees will record product name, quantity, action taken, reason, initials, and date each time a food or food product is damaged and/or will be discarded. The foodservice manager will verify that foodservice employees are discarding damaged food properly by visually monitoring foodservice employees during the shift and reviewing, initialing, and dating this log daily. Maintain this log for a minimum of 1 year.

Date	Time	Vendor or School	Product Name	Temperature	Corrective Action Taken	Initials/Date	Manager Initials/Date

Monroe County Schools
Food Service

Employee Food Safety Training Record

Date: _____

Location: _____

Topic: _____

Trainer: _____

Length of Training: _____

Directions: Use this form to record food safety training provided to employees.
Maintain this record for a minimum of 1 year.

Employee Name	School	

FOOD SAFETY CHECKLIST

Date _____ Observer _____

Directions: Use this checklist daily. Determine areas in your operations requiring corrective action. Record corrective action taken and keep completed records in a notebook for future reference.

PERSONAL HYGIENE

	Yes	No	Corrective Action
• Employees wear clean and proper uniform including shoes.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Effective hair restraints are properly worn.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Fingernails are short, unpolished, and clean (no artificial nails).	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Jewelry is limited to a plain ring, such as wedding band and a watch and no bracelets.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Hands are washed properly, frequently, and at appropriate times.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Burns, wounds, sores or scabs, or splints and water-proof bandages on hands are bandaged and completely covered with a foodservice glove while handling food.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Eating, drinking, chewing gum, smoking, or using tobacco are allowed only in designated areas away from preparation, service, storage, and ware washing areas.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Employees use disposable tissues when coughing or sneezing and then immediately wash hands.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Employees appear in good health.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Hand sinks are unobstructed, operational, and clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Hand sinks are stocked with soap, disposable towels, and warm water.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• A handwashing reminder sign is posted.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Employee restrooms are operational and clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____

FOOD PREPARATION

	Yes	No	Corrective Action
• All food stored or prepared in facility is from approved sources.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food equipment utensils, and food contact surfaces are properly washed, rinsed, and sanitized before every use.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Frozen food is thawed under refrigeration, cooked to proper temperature from frozen state, or in cold running water.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Thawed food is not refrozen.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Preparation is planned so ingredients are kept out of the temperature danger zone to the extent possible.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is tasted using the proper procedure.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Procedures are in place to prevent cross-contamination.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is handled with suitable utensils, such as single use gloves or tongs.	<input type="checkbox"/>	<input type="checkbox"/>	_____

- Food is prepared in small batches to limit the time it is in the temperature danger zone. Yes No _____
- Clean reusable towels are used only for sanitizing equipment and surfaces and not for drying hands, utensils, or floor. Yes No _____
- Food is cooked to the required safe internal temperature for the appropriate time. The temperature is tested with a calibrated food thermometer. Yes No _____
- The internal temperature of food being cooked is monitored and documented. Yes No _____

HOT HOLDING

Yes No Corrective Action

- Hot holding unit is clean. Yes No _____
- Food is heated to the required safe internal temperature before placing in hot holding. Hot holding units are not used to reheat potentially hazardous foods. Yes No _____
- Hot holding unit is pre-heated before hot food is placed in unit. Yes No _____
- Temperature of hot food being held is at or above 135 °F. Yes No _____
- Food is protected from contamination. Yes No _____

COLD HOLDING

Yes No Corrective Action

- Refrigerators are kept clean and organized. Yes No _____
- Temperature of cold food being held is at or below 41 °F. Yes No _____
- Food is protected from contamination. Yes No _____

REFRIGERATOR, FREEZER, AND MILK COOLER

Yes No Corrective Action

- Thermometers are available and accurate. Yes No _____
- Temperature is appropriate for pieces of equipment. Yes No _____
- Food is stored 6 inches off floor or in walk-in cooling equipment. Yes No _____
- Refrigerator and freezer units are clean and neat. Yes No _____
- Proper chilling procedures are used. Yes No _____
- All food is properly wrapped, labeled, and dated. Yes No _____
- The FIFO (First In, First Out) method of inventory management is used. Yes No _____
- Ambient air temperature of all refrigerators and freezers is monitored and documented at the beginning and end of each shift. Yes No _____

FOOD STORAGE AND DRY STORAGE

	Yes	No	Corrective Action
• Temperatures of dry storage area is between 50 °F and 70 °F or State public health department requirement.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• All food and paper supplies are stored 6 to 8 inches off the floor.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• All food is labeled with name and received date.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Open bags of food are stored in containers with tight fitting lids and labeled with common name.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• The FIFO (First In, First Out) method of inventory management is used.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• There are no bulging or leaking canned goods.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is protected from contamination.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• All food surfaces are clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Chemicals are clearly labeled and stored away from food and food-related supplies.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• There is a regular cleaning schedule for all food surfaces.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is stored in original container or a food grade container.	<input type="checkbox"/>	<input type="checkbox"/>	_____

CLEANING AND SANITIZING

	Yes	No	Corrective Action
• Three-compartment sink is properly set up for ware washing.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Dishmachine is working properly (such as gauges and chemicals are at recommended levels).	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Water is clean and free of grease and food particles.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Water temperatures are correct for wash and rinse.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• If heat sanitizing, the utensils are allowed to remain immersed in 171 °F water for 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• If using a chemical sanitizer, it is mixed correctly and a sanitizer strip is used to test chemical concentration.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Smallware and utensils are allowed to air dry.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Wiping cloths are stored in sanitizing solution while in use.	<input type="checkbox"/>	<input type="checkbox"/>	_____

UTENSILS AND EQUIPMENT

	Yes	No	Corrective Action
• All small equipment and utensils, including cutting boards and knives, are cleaned and sanitized between uses.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Small equipment and utensils are washed, sanitized, and air-dried.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Work surfaces and utensils are clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Work surfaces are cleaned and sanitized between uses.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Thermometers are cleaned and sanitized after each use.	<input type="checkbox"/>	<input type="checkbox"/>	_____

- Thermometers are calibrated on a routine basis. Yes No _____
- Can opener is clean. Yes No _____
- Drawers and racks are clean. Yes No _____
- Clean utensils are handled in a manner to prevent contamination of areas that will be in direct contact with food or a person's mouth. Yes No _____

LARGE EQUIPMENT

- | | Yes | No | Corrective Action |
|--|--------------------------|--------------------------|--------------------------|
| ● Food slicer is clean. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ● Food slicer is broken down, cleaned, and sanitized before and after every use. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ● Boxes, containers, and recyclables are removed from site. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ● Loading dock and area around dumpsters are clean and odor-free. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ● Exhaust hood and filters are clean. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

GARBAGE STORAGE AND DISPOSAL

- | | Yes | No | Corrective Action |
|--|--------------------------|--------------------------|--------------------------|
| ● Kitchen garbage cans are clean and kept covered. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ● Garbage cans are emptied as necessary. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ● Boxes and containers are removed from site. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ● Loading dock and area around dumpster are clean. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ● Dumpsters are clean. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

PEST CONTROL

- | | Yes | No | Corrective Action |
|---|--------------------------|--------------------------|--------------------------|
| ● Outside doors have screens, are well-sealed, and are equipped with a self-closing device. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ● No evidence of pests is present. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ● There is a regular schedule of pest control by a licensed pest control operator. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

SCHOOL FACILITIES 05.4 AP.22

Monthly Food Service Facility Safety Inspection Report

School/Site _____ Date _____

Inspector _____

This form is a reminder of general areas and items to be inspected. Check each item “acceptable” or “needs attention.” All “needs attention” items shall include location, and the date corrected shall be noted. This form shall be sent to the District SFS Director. A copy shall be kept by the employee making the inspection.

Conditions	Location	Acceptable	Needs Attention	Date Corrected
Electrical equipment properly grounded?				
Electrical equipment provided with an adequate maintenance program?				
Electrical switches located at a high point, away from moisture?				
Switches located so they can be readily reached in an emergency?				
Switches located so that it is not necessary to lean on or against equipment when reaching for the switch?				
Floor regularly and adequately maintained?				
Employees instructed to immediately pick up or clean up all dropped items and spillage?				
Employees properly instructed in the operation of machines?				
Employees forbidden to use equipment unless specifically trained in its use?				
Machines properly equipped with guards?				
Guards always used by all employees?				
A pusher or tamp provided for use with the grinder?				
Slicer properly and adequately equipped with guard?				
Mixers in safe operating condition?				
Mixer beaters properly maintained to avoid injury from broken metal parts and foreign particles in the food?				
Machines mounted on portable tables for easy movement in preparation area?				
Stationary locking devices on portable tables to keep them stationary when in use?				
Adequate and proper fire extinguishers provided?				
Employees instructed in the use of extinguishers according to type of fire?				
Adequate knife storage provided?				
Correct knife used for the job?				

SCHOOL FACILITIES 05.4 AP.22 (Continued)

Monthly Food Service Facility Safety Inspection Report

School/Site _____ Date _____

Inspector _____

This form is a reminder of general areas and items to be inspected. Check each item “acceptable” or “needs attention.” All “needs attention” items shall include location, and the date corrected shall be noted. This form shall be sent to the District SFS Director. A copy shall be kept by the Principal.

Conditions	Location	Acceptable	Needs Attention	Date Corrected
Knives properly maintained?				
Doors and drawers kept closed when not in immediate use?				
Cut resistant glove used when cleaning and sharpening the slicer?				
Storerooms and walk-ins kept orderly?				
Carts used for moving heavy food items?				
Safety a part of routine instructions?				

A COPY OF THIS CHECKLIST SHALL BE FORWARDED TO THE PRINCIPAL/SITE SUPERVISOR.

Signature of Recipient
 Review/Revised:07/08/97

Date

Hazard Analysis Critical Control Points Manager Self-Inspection Checklist

Date: _____

Observer: _____

Personal Dress and Hygiene

	Yes	No	Corrective Action		Yes	No	Corrective Action
Employees wear proper uniform including proper shoes.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hands are washed thoroughly using proper hand-washing procedures at critical points....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hair restraint is worn.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Smoking is observed only in designated areas away from preparation, service, storage, and warewashing areas	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fingernails are short, unpolished, and clean .	<input type="checkbox"/>	<input type="checkbox"/>	_____	Eating, drinking, or chewing gum are observed only in designated areas away from work areas.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jewelry is limited to watch, simple earrings, and plain ring	<input type="checkbox"/>	<input type="checkbox"/>	_____	Employees take appropriate action when coughing or sneezing.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hands are washed or gloves are changed at critical points.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Disposable tissues are used and disposed of when cough/blowing nose.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Open sores, cuts or splints and bandages on hands are completely covered while handling food.....	<input type="checkbox"/>	<input type="checkbox"/>	_____				

Food Storage and Dry Storage

	Yes	No	Corrective Action		Yes	No	Corrective Action
Temperature is between 50°F and 70°F	<input type="checkbox"/>	<input type="checkbox"/>	_____	There are no bulging or leaking canned goods in storage.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
All food and paper supplies are 6 to 8 inches off the floor.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Food is protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	_____
All food is labeled with name and delivery date	<input type="checkbox"/>	<input type="checkbox"/>	_____	All surfaces and floors are clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
The FIFO (First In, First Out) method of inventory is being practiced	<input type="checkbox"/>	<input type="checkbox"/>	_____	Chemicals are stored away from food and other related supplies.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Large Equipment

	Yes	No	Corrective Action		Yes	No	Corrective Action
Food slicer is clean to sight and touch	<input type="checkbox"/>	<input type="checkbox"/>	_____	All other pieces of equipment are clean to	<input type="checkbox"/>	<input type="checkbox"/>	_____

Food slicer is sanitized between uses when used with potentially hazardous foods

sight and touch – equipment on serving lines, storage shelves, cabinets, ovens, ranges, fryers, and steam equipment

Exhaust hood is clean

Refrigerator, Freezer, and Milk Cooler

	Yes	No	Corrective Action
Thermometer is conspicuous and accurate ...	<input type="checkbox"/>	<input type="checkbox"/>	_____
Temperature is accurate for piece of equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is stored 6 inches off floor in walk-ins ...	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unit is clean	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Proper chilling procedures have been practiced.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
All food is properly wrapped, labeled, and dated	<input type="checkbox"/>	<input type="checkbox"/>	_____
The FIFO (First In, First Out) method of inventory is being practiced	<input type="checkbox"/>	<input type="checkbox"/>	_____

Food Handling

	Yes	No	Corrective Action
Frozen food is thawed under refrigeration or in cold running water.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is not allowed to be in the "temperature danger zone" for more than 4 hours.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is tasted using proper method.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is not allowed to become cross-contaminated	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Food is handled with utensils, clean gloved hands, or clean hands.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Utensils are handled to avoid touching parts that will be in direct contact with food	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reusable towels are used only for sanitizing equipment surfaces and not for drying hands, utensils, floor, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Utensils and Equipment

	Yes	No	Corrective Action
A small equipment and utensils, including cutting boards, are sanitized between uses ..	<input type="checkbox"/>	<input type="checkbox"/>	_____
Small equipment and utensils are air dried ..	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work surfaces are clean to sight and touch ..	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work surfaces are washed and sanitized between uses	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Thermometers are washed and sanitized between each use	<input type="checkbox"/>	<input type="checkbox"/>	_____
Can opener is clean to sight and touch	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drawers and racks are clean	<input type="checkbox"/>	<input type="checkbox"/>	_____
Small equipment is inverted, covered, and otherwise protected from dust or contamination when stored	<input type="checkbox"/>	<input type="checkbox"/>	_____

Hot Handling

	Yes	No	Corrective Action
Unit is clean	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Temperature of food being held is above 140°F.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Food is heated to 165°F before placing in hot holding..... _____

Food is protected from contamination _____

Cleaning and Sanitizing

	Yes	No	Corrective Action
Three-compartment sink is used	<input type="checkbox"/>	<input type="checkbox"/>	_____
Three compartment sink is properly set up for warewashing (wash, rinse, sanitize)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chlorine test kit or thermometer is used to check sanitizing rinse.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
The water temperatures are accurate	<input type="checkbox"/>	<input type="checkbox"/>	_____
If heat sanitizing, the utensils are allowed to remain immersed in 170°F water for 30 seconds.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
If using chemical sanitizer, it is the proper dilution	<input type="checkbox"/>	<input type="checkbox"/>	_____
The water is clean and free of grease and food particles	<input type="checkbox"/>	<input type="checkbox"/>	_____
The utensils are allowed to air dry	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wiping cloths are stored in sanitizing solution while in use.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Garbage Storage and Disposal

	Yes	No	Corrective Action
Kitchen garbage cans are clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Garbage cans are emptied as necessary.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boxes and containers are removed from site.	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Loading dock and area around dumpster is clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dumpster is closed.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Pest Control

	Yes	No	Corrective Action
Screens are on open windows and doors and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
No evidence of pests is present.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Monitoring Critical Control Points

Directions: Identify the foodservice employee who will be responsible for each monitoring procedure.
 Maintain this record for a minimum of 1 year.

Critical Control Point (CCP)	Critical Limits	Time	Temp.	Therm. #	Monitored by (Initials)	Corrective Action Taken	Corrective Action taken by (Initial)
Ex. (Ground Beef Chili) Cooking	Cook to an internal product temp. 155° F or above for at least 15 seconds	10:30 am	153° F	2	rm	Continued cooking	rm
		10:40 am	157° F	2	rm	none	rm

Pest Control Monitoring Record

Date	<u>Location</u> Checked	<u>Type of Baits</u>	Evidence of Infestation	<u>Action Taken</u>	<u>Signature</u>

Production Log

Instructions: Foodservice employees will record the date, product name, start and end time of production, the two temperature measurements taken, any corrective action taken, and the amount of food prepared on the Production Log. The foodservice manager will verify that foodservice employees are taking the required temperatures and following the proper preparation procedure by visually monitoring foodservice employees during the shift and reviewing, initialing, and dating the log daily. Maintain this log as directed by your State agency.

Date	Start Time	Product Name	Temp #1	Temp #2	Amount Prepared	Corrective Actions	End Time	Employee Initials	Verified By/Date

Receiving Log

Instructions: Use this Log for deliveries or receiving foods from a centralized kitchen. Record any temperatures and corrective action taken on the Receiving Log. The foodservice manager will verify that foodservice employees are receiving products using the proper procedure by visually monitoring foodservice employees and receiving practices during the shift and reviewing the log daily. Maintain this log for a minimum of 1 year.

Date	Time	Vendor or School	Product Name	Temperature	Corrective Action Taken	Initials/Date	Manager Initials/Date

DIVISION OF SCHOOL & COMMUNITY NUTRITION
KENTUCKY DEPARTMENT OF EDUCATION

RECORD OF STUDENT/PARENT INVOLVEMENT ACTIVITIES*

DATES	ACTIVITY	RESULTS

* Student involvement is a regulatory requirement. This form is provided for documenting activities involving students and parents. **Use of this form is optional.** An alternate method may be used to document student/parent involvement activities.

Refrigeration Log

Instructions: A designated foodservice employee will record the location or description of holding unit, date, time, air temperature, corrective action, and initials on this log. The foodservice manager will verify that foodservice employees have taken the required temperatures by visually monitoring food employees during the shift and reviewing, initialing, and dating this log daily. Maintain this log for a minimum of 1 year.

Location/ Unit Description	Date	Time	Temperature	Corrective Action	Food Worker Initials	Manager Initials/ Date

Food Contact Surfaces Cleaning and Sanitizing Log

Instructions: Record time, temperatures/sanitizer concentration, as appropriate and any corrective action taken on this form. The foodservice manager will verify that food workers have taken the required information by visually monitoring foodservice employees and preparation procedures during the shift and by reviewing, initialing, and dating this log daily. Maintain this log for a minimum of 1 year.

Date and Time		Wash Temperature	Rinse Temperature	Final Rinse (Sanitization) Temperature	Heat Sensitive Tape (place here)	Sanitizer Concentration (in ppm)	Corrective Action	Employee Initials	Verified By/ Date

Thermometer Calibration Log

Instructions: Foodservice employees will record the calibration temperature and corrective action taken, if applicable, on the Thermometer Calibration Log each a time thermometer is calibrated. The foodservice manager will verify that foodservice employees are using and calibrating thermometers properly by making visual observations of employee activities during all hours of operation. The foodservice manager will review and initial the log daily. Maintain this log for a minimum of 1 year.

Date	Thermometer Being Calibrated	Temperature Reading	Corrective Action	Initials	Manager Initials/Date

