

DELIVERY RECORD The 'All-in-One' is an alternative to this record

You decide how many food items you will probe or check per delivery

| Date | Supplier/Food Items | Date Code | Temp | Corrective Action | Initials |
|------|---------------------|-----------|------|-------------------|----------|
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Write your Critical Limits here :

| | Critical Limit | Notes |
|---|----------------|-------|
| Chilled Food | | |
| Frozen Food | | |
| Raw/Cooked/ Ready-to-eat foods | | |
| Condition of food and date coding | | |
| Allergy Awareness: Does the food delivered match the order and are you aware of the composition of the food? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Corrective Actions (if applicable): | | |

| Corrective Action Examples: |
|---|
| <ul style="list-style-type: none"> Reject food Review supplier Review staff training |

Have the corrective actions been carried out?

Yes / No / Not Applicable (delete as applicable)

Date checked by Manager/Supervisor

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Initials

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