

Monthly Review for

Was there a serious problem or did the same thing go wrong three times or more?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:		
Changes made to stop this happening again:		
New member(s) of staff in last month?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, were they trained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the menu changed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, have the safe methods been reviewed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Changed/new methods:		
New supplier/ingredient?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, do they affect any safe methods?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Changed/new methods:		
New/different equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, do they affect any safe methods?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

KEEP UNTIL NEXT INSPECTION

Changed/new methods:	
Other changes:	
Freezers need defrosting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fridge/freezer condensers ok?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Drains ok?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Extractor fan & filters ok?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Passed accuracy of temperature probe check	Yes <input type="checkbox"/> No <input type="checkbox"/> Replace probe if No
Name and Signature of Manger:	
Date:	