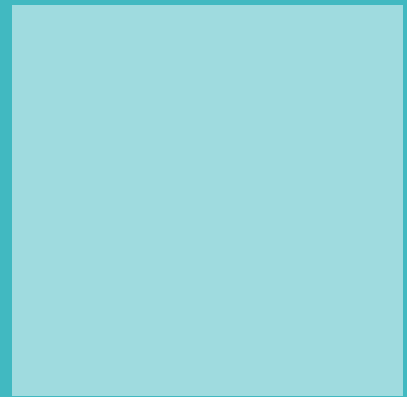
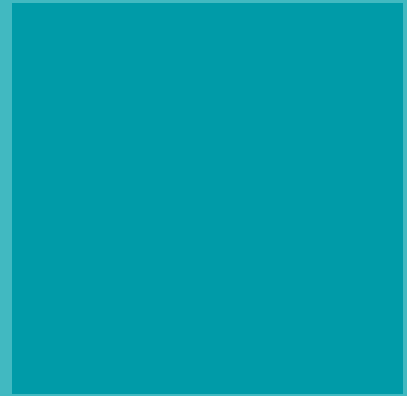
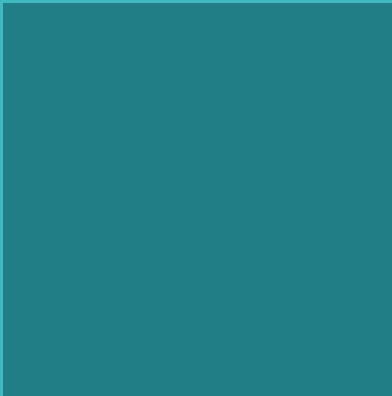




Food Hygiene Assessment Best Practice Records 2016





Food Hygiene Assessment Best Practice

- Verification of cleaning record
- Pest control record
- Incident record
- Quarterly internal review record
- Food recall record
- Staff training record

Additional copies of these records can be obtained from your Environmental Health Officer or downloaded from www.whitehorse.vic.gov.au/Food-Hygiene-System.html

VERIFICATION OF CLEANING RECORD

MONTH _____ YEAR _____

Staff should complete relevant daily, weekly, fortnightly and month jobs and record below. The proprietor, manager or food safety supervisor should sign below when the record is complete.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31							
Daily jobs																																						
Weekly jobs																																						
Fortnightly jobs																																						
Monthly jobs																																						

Name: _____ Position: _____ Date: _____

PEST CONTROL RECORD

YEAR: _____

To be completed each month by the proprietor, manager or food safety supervisor.

- This record is designed to help you identify any pest infestation within the business.
- Check for any activity of pests including, ants and cockroaches.
- If pests are present, treat and record action taken.

Month	Area Checked	Evidence	Action Taken	Name	Position
January	Dry storage area				
	Main kitchen				
	Storeroom				
	Rear yard				
February	Dry storage area				
	Main kitchen				
	Storeroom				
	Rear property				
March	Dry storage area				
	Main kitchen				
	Storeroom				
	Rear property				
April	Dry storage area				
	Main kitchen				
	Storeroom				
	Rear property				
May	Dry storage area				
	Main kitchen				
	Storeroom				
	Rear property				
June	Dry storage area				
	Main kitchen				
	Storeroom				
	Rear property				
July	Dry storage area				
	Main kitchen				
	Storeroom				
	Rear property				
August	Dry storage area				
	Main kitchen				
	Storeroom				
	Rear property				
September	Dry storage area				
	Main kitchen				
	Storeroom				
	Rear property				
October	Dry storage area				
	Main kitchen				
	Storeroom				
	Rear property				
November	Dry storage area				
	Main kitchen				
	Storeroom				
	Rear Property				
December	Dry Storage Area				
	Main Kitchen				
	Storeroom				
	Rear Property				

QUARTERLY INTERNAL REVIEW RECORD

Name: _____

Position: _____

Date: _____

The proprietor, manager or food safety supervisor should complete this record every three months. This record is designed to help you identify areas that need attention and to ensure staff are complying with your Food Safety Program.

- All questions are to be answered yes, no or not applicable (N/A)
- Any observations or corrective action should be recorded
- Record to be signed and dated

1. Purchasing/Delivery	Y	N	N/A	Observations/Corrective Action	Date Completed
Are all of the suppliers that you use on your approved suppliers list?					
Are product temperatures monitored when received?					
Are products stored correctly after they are received?					
Are all transport vehicles checked regularly?					
Are staff aware of what they need to check for when receiving products?					
Is the goods receiving form completed?					
Is the incident record completed when damaged goods are received?					
2. Storage					
Are all foods stored off the ground on approved shelving units and not overstocked?					
Are storage areas in the correct temperature range?					
Is the storage unit temperature log completed daily?					
Is there a risk of cross contamination in the storage area from raw to cooked or raw to ready to eat foods?					
Are all storage containers labelled and covered appropriately?					
Are food stocks stored and rotated to ensure products do not go out of date? eg use older food first.					
3. Preparation					
Is there a risk of cross contamination in the preparation area?					
Are staff aware of safe food handling practices and how to avoid food contamination?					
Are staff personal belongings stored out of food preparation areas?					

Preparation cont.	Y	N	N/A	Observations/Corrective Action	Date Completed
Is food waste disposed of appropriately and regularly removed from preparation areas?					
4. Processing					
Has the activity log been completed?					
Are approved methods of thawing being used to defrost foods?					
Is there a risk of cross contamination during thawing?					
Are foods being cooked to at least 75° C?					
Is cross contamination being avoided during cooking?					
Is food being cooled within the recommended time frames?					
Is food being cooled quickly in small batches?					
Is cross contamination being avoided during cooling?					
Are foods being reheated to at least 75°C?					
Is cross contamination being avoided during reheating?					
Are foods being reheated in an approved manner?					
5. Display and Serving					
Is the storage units temperature log completed?					
Are cross contamination risks avoided during display and serving?					
6. Packaging and Labelling					
Is packaging material stored appropriately?					
Does labelling comply with national food standards?					
To assist in food recalls, are there batch or lot numbers on labels?					
Can your business provide information upon request on ingredients and allergens of your products?					
7. Transport					
Are transport vehicles clean and in good condition?					
Is food transported at appropriate temperatures and stored to avoid contamination?					
Are transport staff aware of appropriate food safety practices, including the use of protective clothing?					

8. Customer Complaints	Y	N	N/A	Observations/Corrective Action	Date Completed
Are customer complaints and your corrective actions recorded on the incident record?					
Are staff aware of what to do if they receive a customer complaint?					
9. Personal Health and Hygiene					
Are staff aware of safe food practices and their responsibilities to ensure they handle food safely?					
Do staff wear suitable clothing when handling food?					
Do staff wash their hands at appropriate times and have clean hands at all times when handling food?					
10. Illness					
Are staff aware they must not be at work if they are suffering from any gastroenteritis illness or food borne disease?					
Are staff aware of their responsibilities in providing a clearance certificate upon returning to work after suffering any gastroenteritis illness or food borne disease?					
11. Cleaning and Sanitising					
Does the cleaning schedule include all relevant information?					
Is there adequate equipment to undertake cleaning and sanitising effectively?					
Are all cleaning chemicals clearly labelled and stored appropriately?					
12. Pest Control and Waste					
Has the Pest Control Record been completed?					
Has appropriate action been taken when evidence of pest activity has been identified?					
Are internal and external rubbish bins provided with lids?					
Are internal and external rubbish bins cleaned regularly?					

13. Maintenance	Y	N	N/A		
Are the following in good condition and working order?					
Floors					
Walls					
Ceilings					
Hand basins					
Sinks eg wash up sink and food preparation sink					
Cooking equipment eg ovens/stoves					
Preparation equipment eg chopping boards					
Pest proofing measures eg flyscreens					
Benches					
Refrigeration units					
Exhaust system - good working order					
Exhaust systems-internal surface clean					
Exhaust system - date filters cleaned					
Exhaust system - date ducts and flue cleaned					
Lighting					
Shelving units					
Toilets/plumbing					
Garbage areas					
Grease trap - in good working order					
Grease trap - date last pumped out					

FOOD RECALL RECORD

Businesses may be advised of records from either the food supplier or Council. Details of the recall notice may be recorded on the on the food recall notice from Council or the record below.

Date		
Name of Product		
Product in stock Yes/No		
If Yes:		
Name of Supplier/Manufacturer		
Reason for Recall		
Product Name		
Batch Number		
Use by Date		
Number of Units in Stock		
Method of Disposal		
Carried out by:		

Date		
Name of Product		
Product in stock Yes/No		
If Yes:		
Name of Supplier/Manufacturer		
Reason for Recall		
Product Name		
Batch Number		
Use by Date		
Number of Units in Stock		
Method of Disposal		
Carried out by:		

Date		
Name of Product		
Product in stock Yes/No		
If Yes:		
Name of Supplier/Manufacturer		
Reason for Recall		
Product Name		
Batch Number		
Use by Date		
Number of Units in Stock		
Method of Disposal		
Carried out by:		

