

Food Hygiene Training Record

Complete and keep up-to-date for all food handling staff and managers

NAME:

START DATE:

TRAINING	DATE	TRAINEE SIGNATURE THAT READ AND UNDERSTOOD	TICK IF JOB REQUIRES IT
Food hygiene induction			ALL STAFF
Level 2 Food Safety			
Level 3 Supervising Food Safety			
Food Safety Refresher Training			
10 CS OF FOOD SAFETY			
Company			
Colleagues			
Customers			
Cleaning			
Controlling stock			
Contamination			
Chilling			
Cooking			
Contingencies			
Compliance			
DOCUMENTATION			
Diary sheets			
Cleaning & allergen sheets			
Forms			
Signage			

Training Targets:

JOB ROLE	TRAINING	WHEN DONE
All team members and agency staff	Food Hygiene Induction	Prior to starting work
All team members	Relevant SAFE METHODS	Within 2 months
Team members handling high risk open food	Level 2 Award in Food Safety	Before handling high risk open food unsupervised
Managers	Level 2 Award in Food Safety	Prior to commencing role

Medical Questionnaire

All staff must complete this form prior to starting work for the first time. Refer to ILLNESS & INFECTIONS safe method if there are any 'yes' answers.

NAME:

START DATE:

QUESTION	YES	NO
1. At present, or in the last seven days, are you suffering from:		
(a) Diarrhoea and/or vomiting?		
(b) Stomach pain, nausea or fever?		
2. At present are you suffering from:		
(a) Skin infections of the hands, arms or face e.g. boils, styes, septic fingers, discharge from eye/ear/gums/mouth?		
(b) Discharge from eyes/ears/gums/mouth?		
(c), Jaundice?		
3. Do you suffer from:		
(a) recurring bowel disorder		
(b) recurring infections of the skin, ear or throat		
3. Are you known to be a carrier of <i>Salmonella Typhi</i> or <i>Salmonella Paratyphi</i>?		
4. In the last 21 days have you been in contact with anyone, at home or abroad who may have been suffering from typhoid or paratyphoid fever?		
5. Are you a carrier of any type of <i>Salmonella</i>?		
6. List below the countries you have visited in the last six weeks:		
7. Did you fall ill whilst abroad or just after returning?		

I confirm that the information given by me is true

Signed by		Name in capitals		Date	
Approved by		Name in capitals		Date	

Food Hygiene Induction (1 of 2)

All staff and agency staff must complete this form prior to starting work for the first time.

NAME:

START DATE:

KEY RESPONSIBILITIES

Follow any food safety instructions - either on food packaging or from your supervisor

If you see something wrong, tell your supervisor

PERSONAL HYGIENE

Wear clean work clothes (or correct uniform if provided) & non-slip, low heeled closed toe shoes

Keep your hair neat and tidy and long hair tied back

Do not wear strong smelling toiletries e.g. perfumes, aftershaves

Do not wear false eyelashes, jewellery or watches (plain wedding bands & sleeper earrings are allowed)

Keep fingernails short and clean. False nails and nail varnish must not be worn.

Avoid spitting, licking fingers, touching your face or nose, or coughing and sneezing near open food.

Do not eat while handling food (apart from necessary tasting using a clean spoon) or smoke on site

Wash and dry your hands thoroughly:

- when entering the kitchen e.g. after a break and/or smoking
- after going to the toilet
- before handling ready-to-eat foods
- after handling raw food and its packaging including unwashed fruit and vegetables
- after removing waste
- after cleaning
- after touching a cut or changing a dressing
- after blowing your nose, scratching your head or touching your mouth or ears
- before putting on or taking off disposable gloves
- after handling raw or unwashed foods and before touching phones, light switches, door/fridge/freezer handles and cash registers

Cover cuts, wounds, healing skin or other skin conditions with a waterproof dressing e.g. blue plaster.

Food Hygiene Induction (2 of 2)

ILLNESS REPORTING

Report to your manager if you:

- Were ill whilst abroad
- Suspect you are suffering from food poisoning or any other food-borne illness
- Have symptoms of vomiting and/or diarrhoea
- Have infected wounds, skin infections, sores, heavy colds, threadworm or tapeworm
- Have discharge coming from your eyes, ears or mouth, or
- Have been in close contact with someone suffering from food poisoning, typhoid, paratyphoid, Hepatitis A, VTEC E.coli or norovirus

If you visit the doctor inform them that you work with food and whether you have been abroad. Following the visit, advise your manager of the outcome and follow any instructions given by the doctor.

FOOD HANDLING

When you prepare foods, follow these rules:

- Avoid unnecessary touching of food. Use clean utensils instead
- Don't prepare foods too far in advance of service unless they are kept chilled
- Avoid keeping perishable foods at room temperature for longer than necessary
- Keep raw food and unwashed fruit and veg away from or below ready to eat foods
- Cook foods to the safe temperatures stated on the temperature monitoring form
- Keep food equipment and surfaces clean by clearing and cleaning as you go

FOOD ALLERGENS

If a customer tells you that they have an allergy or intolerance, inform your supervisor so that they can provide them with safe advice on what they should eat.

Follow our recipes carefully and never add extra or substitute ingredients. Some people could be allergic to them and then be given inaccurate information about the dish when they ask.

I understand these rules and agree to follow them.

Signed by		Name in capitals		Date	
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Foreign Body Complaint

Take photo and keep foreign body packaged and labelled.

CUSTOMER NAME, ADDRESS, TEL.NO, E-MAIL	OTHERS IN THE PARTY - NAME, TEL.NO. E-MAIL
DATE, TIME AND TYPE OF FOOD CONSUMED	FOREIGN BODY (SIZE, SHAPE ETC)
CUSTOMER EXPLANATION OF HOW AND WHEN THE FOREIGN BODY WAS FOUND	
HAS CUSTOMER REPORTED COMPLAINT TO EHO? IF YES, GIVE CONTACT AND COUNCIL NAME	HAS CUSTOMER MEDICAL EVIDENCE OF INJURY OR RECEIPTS OF EXPENSES INCURRED? GIVE DETAILS
INVESTIGATION CARRIED OUT FOLLOWING THE COMPLAINT WITH ANY ACTION TAKEN	

Completed by		Approved by	
Site name		Date	

Food Poisoning Allegation/Allergic Reaction

YOUR DETAILS		NAMES OF OTHERS IN THE PARTY	
Name: Address: Tel.no: E-mail:		Underline if any have been ill so that we can send them a form to help with the investigation	
WHAT FOOD YOU ATE		WHERE AND WHEN YOU ATE	
		Date: Time: Site name:	
WHAT WERE YOUR SYMPTOMS?	WHEN DID EACH SYMPTOM START?	WHEN DID EACH SYMPTOM END?	
Nausea	Date: Time:	Date: Time:	
Vomiting	Date: Time:	Date: Time:	
Abdominal pains	Date: Time:	Date: Time:	
Diarrhoea	Date: Time:	Date: Time:	
Fever	Date: Time:	Date: Time:	
Other (Describe)			
HAVE YOU REPORTED YOUR COMPLAINT TO EHO? IF YES, GIVE CONTACT & COUNCIL NAME		HAVE YOU RECEIVED MEDICAL TREATMENT FOR YOUR SYMPTOMS? GIVE DETAILS	
WHY DO YOU FEEL YOUR ILLNESS MAY HAVE BEEN CAUSED BY EATING ONE OF OUR PRODUCTS?			
IS THERE A PARTICULAR FOOD THAT YOU FEEL MIGHT HAVE CAUSED YOUR ILLNESS?			
SIGNATURE		DATE THAT THE FORM WAS COMPLETED	

Food Complaint Investigation

CUSTOMER NAME		DID ANY TEAM MEMBERS HAVE FOOD POISONING SYMPTOMS IN LAST 7 DAYS?	
DATE FOOD EATEN		WERE THERE ANY SIMILAR COMPLAINTS RELATING TO THAT DAY?	
NUMBER OF CUSTOMERS SERVED THAT DAY			
PRODUCT		BOUGHT IN OR MADE IN-HOUSE	NUMBER SOLD
ANY FURTHER INFORMATION YOU FEEL IS IMPORTANT TO THE INVESTIGATION			

Completed by		Date	
Site name		Date sent to Safer Food Scores	

Supplier Quality Assurance

Suppliers – we need to prove that you handle foods hygienically. Please complete this form and note that we require delivery notes for all the foods that you supply for traceability.

BUSINESS NAME & ADDRESS	CONTACT NAME, TEL.NO. E-MAIL
TYPE OF PRODUCTS SUPPLIED	ADDRESS PRODUCTS SUPPLIED FROM
INFORMATION REQUESTED	PROOF ATTACHED
Do you have current accreditation to food safety standard e.g. BRC Global, EFSIS, ISO 22000, SALSA?	Yes / No
Do you have a recent independent food hygiene audit report?	Yes / No
Do you have your last EHO report?	Yes / No
Do you have a documented food safety management system?	Yes / No (proof not needed at this stage)
Do you have a pest control contract?	Yes / No (proof not needed at this stage)
Are all food handlers adequately trained in food hygiene?	Yes / No (proof not needed at this stage)
FOOD ALLERGEN INFORMATION	
If you provide us with loose foods or packaged foods without an ingredient listing on the label, will you provide clear allergen information on a commercial document sent prior or at the same time as each delivery?	Yes / No / other arrangement (if the latter, please send details with this form)
If the ingredients of a product changes will you alert us by e-mail?	Yes / No / other arrangement (if the latter, please send details with this form)
If you substitute a product with another on an order will you alert us by e-mail?	Yes / No / other arrangement (if the latter, please send details with this form)

Completed by (Supplier contact)		Approved by	
Date		Date	

Pest Management Checks

Complete this form whenever pest activity has been noticed until the pest control contractor confirms that there are no longer signs of activity in catering areas.

WEEK COMMENCING MONDAY – DATE:

MANAGER'S CHECKS	M x/√	T x/√	W x/√	T x/√	F x/√	S x/√	S x/√
Pest control contractor has visited within the last 5 working days to review the situation							
All pest control contractors recommendations followed							
No pest proofing defects seen							
All bait stations present and in correct place (see bait plan in pest control book)							
Ambient food packaging checks for signs of pest damage and disposed of if seen							
Ambient foods stored in pest proof containers once opened							
Glasses, cups and empty food storage containers stored inverted							
Cleaning cloths, paper towels/roll, packaging, clean towels and clean workclothes kept covered							
All food contact surfaces that cannot be covered at night sanitised before use e.g. worktops, equipment, utensils, crockery and cutlery							
Cleaning records complete and dirty plates or equipment not left overnight							
Floors thoroughly cleaned at night – check beneath equipment and wall-floor junctions							
Areas of pest activity checked. Any droppings removed and where and when found noted below							

WRITE DOWN HERE IF THERE WERE ANY PROBLEMS AND WHAT WAS DONE TO PUT THEM RIGHT

I am the person responsible for supervising food safety and I confirm that these DAILY CHECKS were completed.

Signed: _____ Name in capitals _____