

Week commencing:

**Monday**

Any problems or changes – what did you do?

Opening checks

Closing checks

Name

Signed

\_\_\_\_\_

Our safe methods were followed and effectively supervised today.

**Friday**

Any problems or changes – what did you do?

Opening checks

Closing checks

Name

Signed

\_\_\_\_\_

Our safe methods were followed and effectively supervised today.

**Tuesday**

Any problems or changes – what did you do?

Opening checks

Closing checks

Name

Signed

\_\_\_\_\_

Our safe methods were followed and effectively supervised today.

**Saturday**

Any problems or changes – what did you do?

Opening checks

Closing checks

Name

Signed

\_\_\_\_\_

Our safe methods were followed and effectively supervised today.

**Wednesday**

Any problems or changes – what did you do?

Opening checks

Closing checks

Name

Signed

\_\_\_\_\_

Our safe methods were followed and effectively supervised today.

**Sunday**

Any problems or changes – what did you do?

Opening checks

Closing checks

Name

Signed

\_\_\_\_\_

Our safe methods were followed and effectively supervised today.

**Thursday**

Any problems or changes – what did you do?

Opening checks

Closing checks

Name

Signed

\_\_\_\_\_

Our safe methods were followed and effectively supervised today.

**Extra checks**

We have performed the following extra checks this week

Name

Signed

\_\_\_\_\_



# 4-WEEKLY REVIEW

**You should regularly review the methods used in your business to check that they are up to date, and still being followed by you and your staff.**

**You can use the checklist below to help you.** Look back over the past 4 weeks' diary entries. If you had a serious problem, or the same thing went wrong three times or more, make a note of it here, find out why and do something about it.

Did you have a serious problem or did the same thing go wrong three times or more?

Yes      No

**Details:**

**What did you do about it?**

• **Did you get a new member of staff in the past 4 weeks?**

Yes      No

Were they trained in your methods?

Yes      No

• **Have you changed your menu?**

Yes      No

Have you reviewed your safe methods?

Yes      No

Any changes/new methods?

• **Have you changed supplier/bought new ingredients?**

Yes      No

Do these affect any of your safe methods?

• **Are you using any new/different equipment?**

Yes      No

Do these affect any of your safe methods?

• **Other changes:**