



DIARY

NAME:

BUSINESS:

ADDRESS:

START DATE:

END DATE:

INTRODUCTION



HOW DOES THIS DIARY WORK?

The diary is specially designed to help you run your business effectively. It contains:

- week-to-view diary pages
- checks to do every day when you open and close
- 4-weekly review
- staff training record
- suppliers' list
- cleaning schedule

The manager should sign the diary every day to say that:

- the opening and closing checks have been done
- your safe methods have been followed

The diary should take about **one minute a day** to complete, unless you have something special to write down.

If anything **different** happens, or if something goes **wrong**, you should make a note in the diary of what happened and what you did. This is so you can show that you have taken action to make sure that food is safe to eat.

If the manager is not in, he or she can give responsibility for the diary to another member of staff. See the 'Training and supervision' safe method in the Management section.

4-WEEKLY REVIEW

The 4-weekly review gives you the opportunity to look back at previous weeks and identify any persistent problems. Write down details of these and how you decide to tackle them. You might need to train staff again on certain safe methods and/or change how you do things.

You may find it useful to read the 4-weekly review before starting to use the diary. It will give you an idea of the kind of things you might need to write down during the week.

OPENING AND CLOSING CHECKS

It is essential that you and your staff do certain checks every time you open and close. Make sure you have worked through the 'Opening and closing checks' safe method in the Management section.

You might find it helpful, on a daily basis, to use the list of opening and closing checks in this diary (see next page).



OPENING CHECKS

You should do these checks at the beginning of the day. You can also add your own checks to the list.

Your fridges, chilled display equipment and freezers are working properly.

Your other equipment (e.g. oven) is working properly.

Staff are fit for work and wearing clean work clothes.

Food preparation areas are clean and disinfected, where appropriate (work surfaces, equipment, utensils etc.)

There are plenty of handwashing and cleaning materials (soap, paper towels, cloths etc.)

CLOSING CHECKS

You should do these checks at the end of the day. You can also add your own checks to the list.

No food is left out.

Food past its 'use by' date has been thrown away.

Dirty cloths have been removed for cleaning and replaced with clean ones.

Waste has been removed and new bags put into the bins.

EXTRA CHECKS

Extra checks are less frequent than the opening and closing checks. See the 'Extra checks' safe method in the Management section. There is a box at the end of each week in the diary pages for you to fill in any extra checks you have done.

STAFF TRAINING RECORD



For each member of staff, make a note of when they have been trained on different safe methods.

Name: Telephone no: Address:		
SAFE METHOD ON FIRST DAY:	DATE	INITIALS
Working with food? sheet		
Opening and closing checks		
Cross-contamination		
Cleaning		
Chilling		
Cooking		
Management		
Other training or retraining		

Name: Telephone no: Address:		
SAFE METHOD ON FIRST DAY:	DATE	INITIALS
Working with food? sheet		
Opening and closing checks		
Cross-contamination		
Cleaning		
Chilling		
Cooking		
Management		
Other training or retraining		



STAFF TRAINING RECORD

(continued)

Name: Telephone no: Address:		
SAFE METHOD ON FIRST DAY:	DATE	INITIALS
Working with food? sheet		
Opening and closing checks		
Cross-contamination		
Cleaning		
Chilling		
Cooking		
Management		
Other training or retraining		

Name: Telephone no: Address:		
SAFE METHOD ON FIRST DAY:	DATE	INITIALS
Working with food? sheet		
Opening and closing checks		
Cross-contamination		
Cleaning		
Chilling		
Cooking		
Management		
Other training or retraining		

STAFF TRAINING RECORD

(continued)



Name: Telephone no: Address:		
SAFE METHOD ON FIRST DAY:	DATE	INITIALS
Working with food? sheet		
Opening and closing checks		
Cross-contamination		
Cleaning		
Chilling		
Cooking		
Management		
Other training or retraining		

Name: Telephone no: Address:		
SAFE METHOD ON FIRST DAY:	DATE	INITIALS
Working with food? sheet		
Opening and closing checks		
Cross-contamination		
Cleaning		
Chilling		
Cooking		
Management		
Other training or retraining		



STAFF TRAINING RECORD

(continued)

Name: Telephone no: Address:		
SAFE METHOD ON FIRST DAY:	DATE	INITIALS
Working with food? sheet		
Opening and closing checks		
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Cleaning		
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Other training or retraining		

Name: Telephone no: Address:		
SAFE METHOD ON FIRST DAY:	DATE	INITIALS
Working with food? sheet		
Opening and closing checks		
Cross-contamination		
Cleaning		
Chilling		
Cooking		
Management		
Other training or retraining		

SUPPLIERS' LIST



BUSINESS NAME:		DELIVERY DAY(S):		M	T	W	T	F	S	S
		Lead time for placing an order e.g. Monday for Wednesday								
Contact name:		Goods supplied:								
Telephone:										
Address:										

BUSINESS NAME:		DELIVERY DAY(S):		M	T	W	T	F	S	S
		Lead time for placing an order e.g. Monday for Wednesday								
Contact name:		Goods supplied:								
Telephone:										
Address:										

BUSINESS NAME:		DELIVERY DAY(S):		M	T	W	T	F	S	S
		Lead time for placing an order e.g. Monday for Wednesday								
Contact name:		Goods supplied:								
Telephone:										
Address:										



SUPPLIERS' LIST

(continued)

BUSINESS NAME:		DELIVERY DAY(S):		M	T	W	T	F	S	S
		Lead time for placing an order e.g. Monday for Wednesday								
Contact name:	Goods supplied:									
Telephone:										
Address:										

BUSINESS NAME:		DELIVERY DAY(S):		M	T	W	T	F	S	S
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Contact name:	Goods supplied:									
Telephone:										
Address:										

BUSINESS NAME:		DELIVERY DAY(S):		M	T	W	T	F	S	S
		Lead time for placing an order e.g. Monday for Wednesday								
Contact name:	Goods supplied:									
Telephone:										
Address:										

CONTACTS LIST



You can use this sheet to write down the contact details of different services or people who you might need to contact from day to day, or in an emergency. For example:

- environmental health department
- electrician
- plumber
- pest control contractor
- refuse collector/recycling service

ENVIRONMENTAL HEALTH DEPARTMENT	USEFUL FOR ADVICE ON:
Contact name:	Food hygiene
Telephone:	Pest control
Address:	Drainage
	Noise and odour control
	Product withdrawal and recall

	USEFUL FOR ADVICE ON:
Contact name:	
Telephone:	
Address:	

	USEFUL FOR ADVICE ON:
Contact name:	
Telephone:	
Address:	

	USEFUL FOR ADVICE ON:
Contact name:	
Telephone:	
Address:	

**USEFUL FOR ADVICE ON:**

Contact name:

Telephone:

Address:

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CLEANING SCHEDULE



FILL IN DETAILS OF ALL THE ITEMS YOU CLEAN

Item	Frequency of cleaning					Precautions e.g. wear gloves or goggles	Method of cleaning
	After use	Every shift	Daily	Weekly	Other		
Work surface	X					Wear gloves	<ol style="list-style-type: none"> 1. Remove any obvious food and dirt. 2. Wash the surface with hot soapy water (detergent diluted according to manufacturer's instructions) to remove grease and any other food and dirt. 3. Rinse with clean water to remove the detergent and loosened food and dirt. 4. Apply a disinfectant. Make sure you leave it on for the contact time recommended by the manufacturer. 5. Rinse with clean water to remove the disinfectant. 6. Leave to dry naturally or use a clean disposable cloth.



CLEANING SCHEDULE

FILL IN DETAILS OF ALL THE ITEMS YOU CLEAN

Item	Frequency of cleaning					Precautions e.g. wear gloves or goggles	Method of cleaning
	After use	Every shift	Daily	Weekly	Other		

PROVE IT: RECORDS



Sometimes you might want to prove that a method is safe, for example if you use a method that is different to those recommended in the pack, or if you would like reassurance that a method is working properly. See the 'Prove it' safe method in the Management section.

[illegible]

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.

Tuesday

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.

Thursday

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.

Saturday

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.

EXTRA CHECKS

Any problems or changes – what did you do?

Name

Signed

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.

Tuesday

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.

Thursday

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.

Saturday

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.

Extra checks

Any problems or changes – what did you do?

Name

Signed

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Opening checks ☐

Closing checks ☐

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Any problems or changes – what did you do?

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Wednesday

Any problems or changes – what did you do?

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Closing checks ☐

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Saturday

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Closing checks ☐

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Sunday

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

Any problems or changes – what did you do?

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:**