

FOOD DELIVERY CHECKLIST

Week beginning _____

CHILLED: Ideal + 2 - + 5°C Essential: not greater than +8°C

FROZEN: Ideal -15°C or colder
Essential: No evidence of thawing

* if appropriate

Date/ Delivery Time	Supplier	Food Type	Acceptable Date Code (Yes/No)	Food Temp (°C) *	Signs of damage or contamination (Yes/No)	Signs of infestation	Accepted (Yes/No)	Comments	Checker's Initials

Management Check

Signed by Manager / Owner _____

Date _____

