Harlow (Blackwater) Sailing Club



Galley Duty Monitoring Log

Please complete and sign on behalf of all personal who are working in the Galley.

Please note that anyone in the galley who prepares or handles food must have Food Safety and Hygiene Level 2 (catering) certification.

Health

You must not operate the galley if you have any disease which can be transmitted through food. Please confirm you or any other members working in the galley have no signs or symptoms of such an illness e.g. diarrhoea or vomiting. Food handlers must be clear of symptoms for 48 hours prior to handling food.

Notes

Visual Inspection for signs of vermin

Please check the galley and cupboards for any signs of pests such as cockroaches or mouse droppings. If any such signs are found please clean up and disinfect any suspect areas immediately and inform a committee member.

Confirm pest free conditions (circle as appropriate) YES / NO

Notes

Fridge and freezer temperature checks

Please check the temperature of all fridges and freezers. The temperature of the fridges should be below 4'C (maximum 5'C) and the freezer below -18'C.

Fridge/Freezer	Temp ('C)	Fridge/Freezer	Temp ('C)
Galley Fridge 'use first'		Tall Silver Freezer (if on)	
Galley Fridge 2		Tall White Freezer (if on)	
Galley freezer 1			
Galley freezer 2			

Notes

Food Storage

Please confirm that all chilled foods have been put in the fridge immediately after being brought to the Club, all food is covered and, raw and ready to eat foods are segregated.

Confirm chilled foods stored appropriately in fridge YES / NO

Food Use By/Best Before dates

Please check today's date is within the 'use by' or 'best before' date on all ingredients for food being prepared and on all products being sold (Club policy is not to use products passed their best before date).

Confirm all products are within their use by/best before date YES / NO

Hot food

If serving hot food please check the core temperature of the first meals heated are above 75'C. Sample checks should be made on all food that is subsequently heated.

Name of Food	Temp ('C)

Please tick if no hot food is being served

Allergens

Please complete the appropriate forms (in green folder) if any homemade cakes or dishes are being served

Please tick if no homemade food is being served

Name:

Date:

Signed: