

Food Safety Forms

Temperature Failure Report Form
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Store: Han Leb CCFM Department _____ Case Description _____

Date / / Time : a.m./p.m. Employee _____

Case Temps. (1) _____ (2) _____ (3) _____ (4) _____
 First + 15 min. + 15 min. + 15 min.

Person Notified: _____ Time: _____

Product _____ Temp. Gun: (1) _____ (2) _____ (3) _____

*Probe Temp: _____ Action taken: _____

Product _____ Temp. Gun: (1) _____ (2) _____ (3) _____

*Probe Temp: _____ Action taken: _____

Product _____ Temp. Gun: (1) _____ (2) _____ (3) _____

*Probe Temp: _____ Action taken: _____

Product _____ Temp. Gun: (1) _____ (2) _____ (3) _____

*Probe Temp: _____ Action taken: _____

Product _____ Temp. Gun: (1) _____ (2) _____ (3) _____

*Probe Temp: _____ Action taken: _____

Product _____ Temp. Gun: (1) _____ (2) _____ (3) _____

*Probe Temp: _____ Action taken: _____

****Take internal temperature of product, only if external temperature is over product limit.***
PUT COMPLETED FORM IN STORE MANAGER'S MAILBOX.

