Springfield Bees Pre-School
Basic kitchen opening and closing checks

Enter a tick **√ and initial** if satisfactory. Enter X and initial if not satisfactory and make a note below. Add action taken and if problem is resolved, sign and date.

To be completed daily

Week Beginning …….

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
Room	Honeys	Bumbles	Honeys	Bumbles	Honeys	Bumbles	Honeys	Bumbles	Honeys	Bumbles
Hands washed?										
Clean apron?										
Hair tied back?										
Fridge Temp?										
Freezer Temp?										
Raw and cooked food separate?										
No physical or chemical or pest contamination of stored food?										
Fresh Water prepared?										
Clean cloths available?										
Children's food allergies checked at morning snack?										
Packed lunches used within 3 hours of arrival at the setting?										

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
Room	**Honeys**	**Bumbles**	**Honeys**	**Bumbles**	**Honeys**	**Bumbles**	**Honeys**	**Bumbles**	**Honeys**	**Bumbles**
Allergies checked at afternoon snack?										
Unused food put away correctly?										
Closing checks										
Crockery and utensils washed up and put away dry?										
Dirty cloths removed for washing and replaced?										
Work surface clean and disinfected?										
Floors clean?										