**FS13 Pre-Service Allergen Checker**

This form must be completed in accordance with Allergens SOP and filed for twelve months.

|  |  |
| --- | --- |
|  | **Please shade each box that contains an allergy or add ‘MC’****(May Contain) as listed on the manufacturer’s ingredients list** |
| **Location Name: Woodborough** | **NO KEY ALLERGENS** | **Peanuts** | **All Other Nuts \*** | **Gluten\*\*** | **Sesame** | **Molluscs** | **Fish/Fish Sauce** | **Soya/Soybeans** | **Celery/Celeriac** | **Shellfish/Crustaceans** | **Eggs (liquid or dried)**  | **Milk** | **Mustard** | **Lupin** | **Sulphites** |
| **Service Period: Lunch** |
| **Dish: Cheese and Bacon Stuffed Jackets** |
| **Dish / food / product** |
| Jacket Potatoes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cooking and Baking Marg |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cheese  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bacon |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \* Including: almonds, hazelnuts, walnuts, pecans, Brazils, pistachios, cashew, macadamia, Queensland |
| \*\* Including: wheat, rye, barley, malt, oats (gluten free only when sold as sealed in manufacturer’s packaging) |
| **NO KEY ALLERGENS COLUMN, i.e. none of the 14 key allergens – are contained in this dish / food / product**  |
|  | **Date****00/XX/YYYY** | **Food prepared by:** | **Completion of form overseen by** **(Head Chef/Manager):** | **Pre-service briefing carried out by:** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |
| **Saturday** |  |  |  |  |
| **Sunday** |  |  |  |  |
| **Corrective actions:** |
| **Verified by location manager:** | **Date (week ending):** |
| ***The text in these boxes should be clear and printed in capitals, i.e. no signatures or initials*** |