**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: Fishcake** | | | |
| **Dish / food / product** | | | |
| Fishcake | | | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| \* 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*** | | | | | | | | | | | | | | | | | | | | |