## 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 <u>or</u> add 'MC' (May Contain) as listed on the manufacturer's ingredients list																	
Location Nam	ne: Woodboroug	yh		(iviay	Con	Laiii)	as III	sieu	טוו נו	ie ilia	illula	Ctur	ersi	ligre	alen	is iis		
Location Name: Woodborough					r Nuts *				h Sauce			sus	· dried)					
Service Period: Lunch								6		ybeans	0	taces					s	
Dish: Apple Crumble and Custard											eleria	/Crus	luid or					
Dish / food / product				Peanuts	All Other Nuts	Gluten**	Sesame	Molluscs	Fish/Fish Sauce	Soya/Soybeans	Celery/Celeriac	Shellfish/Crustaceans	Eggs (liquid or dried)	Milk	Mustard	Lupin	Sulphites	
Apple Solidpack																		
Plain Flour																		
Cooking and Baking Marg																		
Sugar																		
Milk																		
Custard Powder																		
* Including: alr	nonds, hazelnuts	s, walnuts, pecans, Brazils, pis	stach	nios,	cas	hew	, ma	acad	ami	a, Q	uee	nsla	nd					
** 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 ac	tions:																	
Verified by lo	cation manager	:	Dat	e (w	eek	enc	ling	):										
The	e text in these b	oxes should be clear and p	rinte	d in	cap	oital	s, i.	e. no	s sig	nat	ure	s or	init	ials				