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 **Service Period: Lunch** **Dish: Jelly Cream and Sprinkles** **Dish / food / product**	**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**
Jelly	■														
Cream												■			
Sprinkles	■														

* 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