

Establishment: _____ Date of Suspected Meal: ____/____/____ Log#: _____

Assessment of Implicated/Suspect Food (Required) Describe the food flow for the implicated food item(s) or ingredient(s) to capture detailed information about each step in the food handling process, including who prepared what and when. Note size of containers, labels, and descriptive information on product(s). Complete a separate assessment of each implicated/suspected food, if applicable.

Food Source:

Date Received: _____

Brand name: _____

Product name: _____

Manufacturer: _____

Supplier/Distributor: _____

Size and package type: _____

Product code(s): _____

Expiration Date: _____

Condition Received:

- Temperature(s):

Storage:

- Temperature(s):

Preparation:

- Temperature(s):

Cooking:

- Temperature(s):

Cooling:

- Time/Temperature(s):

Reheating:

- Temperature(s):

Holding:

- Time/Temperature(s):

Assembling/Plating (including garnishing):

- Temperature(s):

Service:

- Temperature(s):