

## QUALITY ASSURANCE - HEALTH AND SAFETY HACCP - Pastry Cleaning Schedule/Checklist

| CODE:    | 11.02.030 |  |
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Conducted by Stewarding supervisor <u>Month:</u>

| Area/ Equipment                | 01 02 | 2 0 | 3 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16     | 17 1 | 18 | 19 | 20       | 21 | 22 | 23 | 24     | 25       | 26 | 27 | 28 | 29 | 30 | 31 | W1 | W2 | W3 | W4 | Monthly | Job<br>Situation | Remarks |
|--------------------------------|-------|-----|------|----|----|----|----|----|----|----|----|----|----|----|--------|------|----|----|----------|----|----|----|--------|----------|----|----|----|----|----|----|----|----|----|----|---------|------------------|---------|
| Floor                          |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| sinks                          |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Hand wash<br>basins            |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Drainers                       |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Walls                          |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Wall mounted closet            |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Shelves                        |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Pot Wash                       |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    | $\neg$   |    |    |    |        | $\neg$   |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Ice cream<br>Machine           |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Robocoupe                      |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Stainless Steel<br>Trolleys    |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Induction Units                |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Combi ovens                    |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Chocolate room                 |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Proofer                        |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Exhaust and grill              |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Walk in chiller                |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Walk in freezer                |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Pastry Store                   |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Ice Machine                    |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Dough Mixer                    |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Kitchen Aid                    |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Pastry store                   |       |     |      |    |    |    |    |    |    |    |    |    |    |    | $\top$ |      |    |    | $\neg$   |    |    |    |        | $\dashv$ |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Reach In and table top fridges |       |     |      |    |    |    |    |    |    |    |    |    |    |    |        |      |    |    |          |    |    |    |        |          |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Garbage bins                   |       |     |      |    |    |    |    |    |    |    |    |    |    |    | $\top$ |      |    |    | $\dashv$ |    |    |    | $\neg$ | $\dashv$ |    |    |    |    |    |    |    |    |    |    |         |                  |         |
| Ceiling and lamps              |       |     |      |    |    |    |    |    |    |    |    |    |    |    | +      |      |    |    | $\neg$   |    |    |    |        | $\dashv$ |    |    |    |    |    |    |    |    |    |    |         |                  |         |

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| Date in question | Area/ Equipment | Corrective Action | Frequency of repetition | When/time | Who cleaned | Monitored by | Signature |
|------------------|-----------------|-------------------|-------------------------|-----------|-------------|--------------|-----------|
|                  |                 |                   |                         |           |             |              |           |
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|                  |                 |                   |                         |           |             |              |           |
|                  |                 |                   |                         |           |             |              |           |
|                  |                 |                   |                         |           |             |              |           |

| Monitored By; | Signature: |   | <u>Date:</u> |
|---------------|------------|---|--------------|
|               |            |   |              |
|               |            |   |              |
|               |            | 2 |              |