

COOKING TEMPERATURES

Facility Name _____ WEEK ENDING: _____

Menu Item	Required Temp	Temp/Initials														Corrective Action/Initials/Date	
		Sat		Sun		Mon		Tues		Wed		Thu		Fri			
		am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm		

Reviewed By: _____	Date: _____
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