Unit Name: Unit No:

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| **DATE** | FOOD ITEM | COOLING **Blast chilling**: Continue chilling to 5ºC | | | | **COMMENTS** |
| Start Time | Finish Time | End Temp | Initials |
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Blast chill high risk foods to 5ºC: Record start and finish time. Record temperature at finish time

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| **CHECKED BY:** | **DATE:** |

Manager to check the record and sign before filing. Retain for 6 months