

HSE ACTIVITY CALENDAR

UNIT NAME

UNIT NO.

YEAR

CALENDAR OWNER



SEE



CARE



SHARE

PAGE 1 - TO BE COMPLETED BY ALL UNITS

Tick PLAN for the month an activity is due; enter initials in INIT once completed. Retain supporting records.

Page 2 is entirely optional for additional site-specific activities.

ACTIVITY / CHECK		JAN		FEB		MAR		APR		MAY		JUN		JUL		AUG		SEP		OCT		NOV		DEC		FREQUENCY / TRIGGER
		PLAN	INIT	PLAN	INIT	PLAN	INIT	PLAN	INIT	PLAN	INIT	PLAN	INIT	PLAN	INIT	PLAN	INIT	PLAN	INIT	PLAN	INIT	PLAN	INIT	PLAN	INIT	
SEE CARE SHARE																										
SCS01	Safety Walks	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Monthly
SCS02	See Care Share - Unit Manager Coaching	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	On Appointment / As Required
SCS03	Frontline See Care Share Coaching	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	On Appointment / As Required
FOOD SAFETY																										
FS01	Kitchen Deep Clean	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Annually / As Appropriate
FS02	HACCP Review	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Annually
FS03	Probe Thermometer Accuracy Record	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Completed Monthly
FS04	Catering Cleaning Schedule	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Review annually or when equipment / chemicals change
FS05	Enforcement Officer (e.g. EHO) visit	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Record when a visit occurs
FS06	Allergen Information Review	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Monthly
FS07	Allergen Audit (Origami)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Monthly (where applicable in sector)
FS08	Allergen Risk Assessment	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Annually
HEALTH & SAFETY																										
HS01	Essential Risk Assessment (including Safety Task Cards)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	3-yearly minimum; after accident or change
HS02	Operational Risk Assessment (including Safety Task Cards)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	3-yearly minimum; after accident or change
HS03	Business and Office Risk Assessment (including Safety Task Cards)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

HSE ACTIVITY CALENDAR

OPTIONAL - SITE-SPECIFIC ACTIVITIES

UNIT NAME

UNIT NO.

YEAR

CALENDAR OWNER

SEE



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PAGE 2 - OPTIONAL: SITE-SPECIFIC ACTIVITIES ONLY

Use this page only if your unit has additional activities not covered on Page 1. Add each activity and frequency, then mark PLAN and INIT.

No additional local activities? This page does not need to be completed.

[illegible]

Only include additional activities relevant to the unit; use the frequency column to specify when each is due.