Product Packing / Distribution Form

Date	Food Type	Check 1. Plating / Packing					Check 2. Packing and Delivery of Hot/ Chilled Boxes					Corrective Actions
		Time Begin Packing	Temp. Begin Packing	Time Finished Packing	Temp. Finished Packing	Signed	Time cold/ hot box packed for 1st / last run	Temp cold/ hot box packed for 1st / last run	Time 1st/ last run finished	Temp 1st/ last run finished (at least once a week)	Signed	

Record Checked by: _____ Date: _____

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Developed by FISHER KIDD organisational effectiveness consultants