Monthly Review

The supervisor reviews the records regularly (monthly). If similar issues occur repeatedly, such as complaints or hygiene issues are being noticed, address the cause, which is likely the same. When an employee has been replaced, explain the Hygiene Control Plan to train the new employee, and keep records of the details of the training. If there are changes to the menu, ingredients, suppliers, or equipment or utensils, it is advised to review the Hygiene Control Plan.

| | | (mo) |
|----|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Q1 | Did you keep proper records every business day? If "No," see ① on the back | □ Yes |
| Q2 | Did you have many × or complaints, hygiene issues, or other issues? If "Yes," see ② on the back | □ Yes |
| Q3 | Has an employee been replaced? If "Yes," see ③ on the back | □ Yes | ☐ Yes | □ Yes | □ Yes |
| | Have there been any changes to the menu, ingredients, or suppliers? If "Yes," see ④ on the back | □ Yes | ☐ Yes | | ☐ Yes | ☐ Yes | □ Yes | □ Yes | □ Yes |
| Q5 | Did you purchase new equipment or utensils? If "Yes," see ⑤ on the back | □ Yes | □ Yes | □ Yes | □ Yes | ☐ Yes | ☐ Yes | | ☐ Yes | ☐ Yes | ☐ Yes | □ Yes | □ Yes |
| | Date recorded | | | | | | | | | | | | |
| | Date checked | | | | | | | | | | | | |
| | Checker's signature | | | | | | | | | | | | |

Monthly Review (the details)

① Daily records (every business day; if you forgot to keep records on any day in a month, please fill in the column below)

| Month recorded | Write down improvement measures to make sure details are recorded properly without missing a single day. |
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| (Example) X (mo) | There were cases marked O that weren't checked sufficiently. Will make sure to check every day. |
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2 Records of issues of having many ×, complaints, hygiene issues, or other issues.

| Month recorded | Write down points of the issues, their causes or reasons, and improvement measures. |
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| (Example) X (mo) | There were several situations where Mr. A didn't wash his hands.Because he didn't understand the importance of washing hands, reminders including the purpose of the practice were given to him.(Date) |
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3 Records of training when an employee was replaced.

| | Write down when you explained the Hygiene Control Plan, as well as whether the employee who heard the explanation understood and pract the Hygiene Control Plan. | | | | | |
|--|---|--|--|--|--|--|
| | Mr. D was newly hired as a part-time employee, and the Hygiene Control Plan was explained to him.(Date) It was confirmed that his hand washing and food handling were adequate. | | | | | |
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4 Records of changes to the menu, ingredients, or suppliers

| Month recorded | Write down the details of changes made after the Hygiene Control Plan was revised. When no revision is needed, write down the reason. |
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| (Example) X (mo) | (When revised) Because the steamed chicken was added to the menu, the dish was added to the Critical control points.(Date) |
| (Example) X (IIIO) | (When no revision is needed) Grilled fish in the set meal menu was changed from mackerel to salmon. No change in the management method. (Date) |
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⑤ Records of purchasing new equipment or utensils

| Month recorded | Write down the details of changes made after the Hygiene Control Plan was revised. When no revision is needed, write down the reason. |
|------------------|---|
| (Example) X (mo) | (When revised) A low temperature cooker and a cooking thermometer were purchased. A field to check the central temperature was added to the Control method section in the Critical control points. (Date) |
| | (When no revision is needed) A new refrigerator was installed.No change in the management method.(Date) |
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