Please complete this sheet with another team member\* after plating and before serving each medical diet meal.

*Refer to the double-checking confirmation sheet criteria below to identify the checks that must take place at all stages of the process.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CHARTWELLS DOUBLE CHECKING CONFIRMATION SHEET** | | | | | | | |
| **UNIT NAME:** | | | | **UNIT NUMBER:** |  |  |  |
| **Date** | **Name of Medical**  **Diet Pupil** | **Medical Dietary Requirement** | **Medical Diet Menu Type** | **Meal plated to serve** | **First plate check** | **Second plate check** | **Final service check** |
| **THE FOLLOWING CHECKS MUST OCCUR BEFORE SIGNING THE DOUBLE-CHECKING FORM:** | | | | | * Meal replicates the medical diet menu for pupil * Meal has been wrapped and labelled with pupil’s name and allergies * Mains, sides and desserts included in confirmation * Verbal confirmation on recipes and ingredients used * Visual check of meal and confirmation of no obvious allergens present * Correct meal is served to correct pupil (using ID system) | | |
| *08MAR21* | *BILLY SMITH*  *(EXAMPLE ROW)* | *EGG, MILK AND TOMATO FREE* | *BESPOKE* | *FISH FINGERS & CHIPS* | JO COOPER | *CHRIS RICHARDS* | *MRS F BRADLEY* |
|  |  |  |  |  | *SIGN NAME* | *SIGN NAME* | *SIGN NAME* |
|  |  |  |  |  | *SIGN NAME* | *SIGN NAME* | *SIGN NAME* |
|  |  |  |  |  | *SIGN NAME* | *SIGN NAME* | *SIGN NAME* |
|  |  |  |  |  | *SIGN NAME* | *SIGN NAME* | *SIGN NAME* |
|  |  |  |  |  | *SIGN NAME* | *SIGN NAME* | *SIGN NAME* |