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.*

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| **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*  |