## Allergen Management House Rules

Enter a statement of your Allergen Management House Rules in the table below:

|  |
| --- |
|  **Describe your Control Measures and Critical Limits and the Monitoring including frequency** |
| Deliveries and labels |  |
| Storage |  |
| Preparing dishes |  |
| Staff Training |  |
| Communicating with your customers |  |
| What to do in the event of an emergency |  |
| Monitoring/checking and any other appropriate records used by your business | • Weekly Record |
| **Name:** *(Print)* | **Signature:** | **Job Title:** | **Date** |
|  |  |  |  |

**The Allergen Management House Rules are an essential component of your HACCP based system and must be kept up to date at all times.**