STOP FoodWaste.ie

Sheet no.:

Location: _____ Date: _____

Time - if needed	**kg**				***Notes***
	Unserved food waste (remaining in bain-maries, gastronorms, pots, etc.)	***Plate scrapings*** (food waste from plates when customers are finished)	***Preparation Waste*** (peelings, off-cuts, egg-shells, crusts, bones, etc.)	***Any Other Food Waste***	(e.g. type of food waste: meat, potato, etc.; or any other observations)

No. of Covers: _____

STOP FoodWaste.ie

Sheet no.:

Location: _____ Date: _____

Time - if needed	**kg**				***Notes***
	Unserved food waste (remaining in bain-maries, gastronorms, pots, etc.)	***Plate scrapings*** (food waste from plates when customers are finished)	***Preparation Waste*** (peelings, off-cuts, egg-shells, crusts, bones, etc.)	***Any Other Food Waste***	(e.g. type of food waste: meat, potato, etc.; or any other observations)

No. of Covers: _____