

QUALITY CONTROL

Date: _____

Shift: 1 2 3Product Height:

Icing Description:

Topping/Fill Descrip.:

Appearance:

[illegible]

- At startup or after any product change over
- At any Supervisor shift change
- Every 30 minutes outside of the above two criteria
- Label / Quality checks are to be done in 15 minute intervals

COMMENTS:

SUPERVISOR (signature): _____

QUALITY CONTROL (signature): _____