SAMPLE Safe Food & Hygiene Standards Food Donation Record

Date of Donation:		Time:		
Hotel Function Name:		Charity:		
	,	_		
Food Items Donated	Allergens	Delivery Temperature		Standard Packaging
		, .		(y/n)
				(7, 11)
1. Function Representative:				
By signing this document, I, as a representative of the company undertaking a function at the hotel, confirm				
that I agree that the exces	s foods prepared for this fur	nction can be o	donated to a d	charity.
Signature		Date		
2. Hotel Representative:				
By signing this document, I, as a representative of the hotel, agree that the excess foods prepared for this				
function can be donated to charity and that all reasonable food safety precautions have been taken by				
the hotel in compliance with safe food and hygiene standard practices.				
Signature		Date		
3. Charity Organization Representative:				
By signing this document, I, as a representative of the charity organization receiving the donated foods,				
agree that all reasonable food safety precautions will be undertaken by the charity organization to comply				
with safe food and hygiene standard requirements as per the Charity Food Safety Information Sheet.				
			,	
Signature		Date		