

# Catholic Mutual Group

## COOKING EQUIPMENT AND FOOD HANDLING EQUIPMENT RECORD

1) Item and description of use:

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Owner: *(name/address phone no)*

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Date serviced/verified by fire department:

2) Item and description of use:

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Owner: *(name/address/phone)*

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Date serviced/verified by fire department:

3) Item and description of use:

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Owner: *(name/address/phone)*

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Date serviced/verified by fire department:

4) Item and description of use:

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Owner: *(name/address/phone)*

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Date serviced/verified by fire department:

5) Item and description of use:

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Owner: *(name/address/phone)*

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Date serviced/verified by fire department:

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