



# PACKING RECORD

## RECORD SHEET 11

Date \_\_\_\_\_  
 Area ID \_\_\_\_\_

Certification No \_\_\_\_\_  
 (please complete a separate sheet for each)

|   |                           |                          |
|---|---------------------------|--------------------------|
| Cleandown of All Benches                  | <input type="radio"/> Yes | <input type="radio"/> No |
| Inspection of Area for Food Safety Issues | <input type="radio"/> Yes | <input type="radio"/> No |

|                             |        |  |
|-----------------------------|--------|--|
| Number and Size of Packages | Number |  |
|                             | Size   |  |

|                       |         |                           |                          |
|-----------------------|---------|---------------------------|--------------------------|
| Boxes Labeled & Dated | Labeled | <input type="radio"/> Yes | <input type="radio"/> No |
|                       | Dated   | <input type="radio"/> Yes | <input type="radio"/> No |

|                |  |
|----------------|--|
| Purchasee Name |  |
| Invoice Number |  |

|                  |                           |                          |
|------------------|---------------------------|--------------------------|
| Payment Received | <input type="radio"/> Yes | <input type="radio"/> No |
| Packed By        |                           |                          |