**Monitoring Form – Reheating & Hot Holding**

Establishment:        Date:

Name of Food Product Being Monitored:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Actual Time** | **Intervals** | **Temperature** | **Requirement** | **Initialed** |
| **Reheating:** | | | | |
|  | 0 Minutes |  |  |  |
|  | 1 Hour |  |  |  |
|  | 2 Hours |  | Should Be 165°F |  |
| **Note: If not properly reheated by this time, discard the food item** | | | | |
| **Hot Holding:** | | | |  |
|  | 3rd Hour |  | Should Be 135°F |  |
|  | 4th Hour |  | Should Be 135°F |  |
|  | 5th Hour |  | Should Be 135°F |  |
|  | 6th Hour |  | Should Be 135°F |  |
|  | 7th Hour |  | Should Be 135°F |  |
|  | 8th Hour |  | Should Be 135°F |  |
|  | 9th Hour |  | Should Be 135°F |  |
|  | 10th Hour |  | Should Be 135°F |  |
|  | 11th Hour |  | Should Be 135°F |  |