

Fryer report

Fryer No.:

1	2	3	4	5	6	7	8
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Month:

1	2	3	4	5	6	7	8	9	10	11	12
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Year:



Responsible/
QS contact: _____

Measuring time: in the morning in heated fryer

Day	Time	TPM(%)	Temp ■°C / ■°F	Oil change	Oil refilled ■L / ■lb	Oil filtered	Signature
Samp.	10:30	16,5	170	X	5 L	X	Jane Doe
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Please adopt the basic rules of frying

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