

(A) MAP/CAP Production and Record Log

Store _____

Address _____

Trained Operator	Date	Equipment clean and sanitized YES/NO	Product Name	Manufacturer	Date received at store	Sell by / Use by date on product	Storage temperature (product)	Unopened weight to be sliced	Time process started	Time process ended	Display case temperature	Last date of sale	Other comments

Signature

Title

Date