

Allergens Recipe Card

Name of Dish or Ingredient:

Date:

Chef:

TICK THE ALLERGENS WHICH ARE IN THE DISH <input type="checkbox"/>	Celery  <input type="checkbox"/>	Gluten Cereals *  <input type="checkbox"/>	Crustaceans  <input type="checkbox"/>	Eggs  <input type="checkbox"/>	
	Fish  <input type="checkbox"/>	Lupin  <input type="checkbox"/>	Milk  <input type="checkbox"/>	Molluscs  <input type="checkbox"/>	Mustard  <input type="checkbox"/>
	Nuts*  <input type="checkbox"/>	Peanuts  <input type="checkbox"/>	Sesame seeds  <input type="checkbox"/>	Soya  <input type="checkbox"/>	Sulphur Dioxide  <input type="checkbox"/>

*State the name of the cereal(s) containing gluten and/or the name of the nut(s)

Notes:

Checked by:

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