

# SHIFT EVIDENCE – PRACTICAL LOG SHEET

Unit code		Unit title	
Student		Student no.	
First service period	____ / ____ / 20 ____	Last service period	____ / ____ / 20 ____
Workplace		Supervisor	
Address			

## INSTRUCTIONS:

- The student is to complete a page for each logged service period.  
NOTE: to be competency in this module, the student must complete at least **number (digit)** shifts demonstrating a variety of different service styles.
- Each page is to be fully completed or may not be accepted as valid evidence.
- Write clearly and write in full sentences.
- SECTIONS 1-4: Place a tick in each box indicating what you have completed during each service period.
- SECTION 5: List any food items you may have prepared during service, any mise en place you carried out and the pack down procedure you carried out.
- SECTION 6: Give a brief description of the dishes you prepared over this service period.

## TRAINER VERIFICATION

_____	_____	____ / ____ / 20 ____
Trainer Assessor Name	Signature	Date

<b>SERVICE PERIOD NO:</b>		1.	<b>SERVICE DATE:</b>		____ / ____ / 20 ____	
<b>EACH OF THE 6 SECTIONS MUST BE FILLED OUT</b>						
1	<b>Service period</b>	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Supper <input type="checkbox"/> Morning/ afternoon tea				
2	<b>Menu type</b>	<input type="checkbox"/> A la carte <input type="checkbox"/> Set menu <input type="checkbox"/> Buffet <input type="checkbox"/> Function/ banquet <input type="checkbox"/> Cocktail party				
3	<b>Cookery methods used</b>	<input type="checkbox"/> baking <input type="checkbox"/> baking <input type="checkbox"/> boiling <input type="checkbox"/> braising <input type="checkbox"/> frying- deep <input type="checkbox"/> frying- pan <input type="checkbox"/> grilling <input type="checkbox"/> shallow frying <input type="checkbox"/> poaching <input type="checkbox"/> steaming <input type="checkbox"/> stewing <input type="checkbox"/> roasting <input type="checkbox"/> Sous Vide				
4	<b>Commercial equipment used</b>	<input type="checkbox"/> range <input type="checkbox"/> oven <input type="checkbox"/> combi oven <input type="checkbox"/> microwave <input type="checkbox"/> grill <input type="checkbox"/> griddle <input type="checkbox"/> deep- fryer <input type="checkbox"/> salamander <input type="checkbox"/> food processor <input type="checkbox"/> blender <input type="checkbox"/> mixer <input type="checkbox"/> slicer <input type="checkbox"/> steamer <input type="checkbox"/> bain marie <input type="checkbox"/> bratt pan/ tilting frypan <input type="checkbox"/> cryovac machine				
5	<b>Mis en place</b> Please include food items prepared	<input type="checkbox"/> Yes <input type="checkbox"/> No List:				
	<b>Pack down</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No List:				
6	<b>Dishes prepared and served:</b> Please include a brief description					
<b>VERIFICATION SIGNATURES</b>						
<b>Student:</b>				<b>Date:</b>	____ / ____ / 20 ____	
<b>Supervisor:</b>				<b>Date:</b>	____ / ____ / 20 ____	