**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 |   |