

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:

2016

Responsible/
QS contact: _____

Measuring time: in the morning in heated fryer



Day	Time	TPM(%)	Temp		Oil change		Oil refilled		Oil filtered		Signature
			<input type="checkbox"/> C / <input type="checkbox"/> °F		yes	no	<input type="checkbox"/> L / <input type="checkbox"/> lb		yes	no	
Samp.	10:30	16,5	170		yes	no	5 L		yes	no	Jane Doe
1					yes	no			yes	no	
2					yes	no			yes	no	
3					yes	no			yes	no	
4					yes	no			yes	no	
5					yes	no			yes	no	
6					yes	no			yes	no	
7					yes	no			yes	no	
8					yes	no			yes	no	
9					yes	no			yes	no	
10					yes	no			yes	no	
11					yes	no			yes	no	
12					yes	no			yes	no	
13					yes	no			yes	no	
14					yes	no			yes	no	
15					yes	no			yes	no	
16					yes	no			yes	no	
17					yes	no			yes	no	
18					yes	no			yes	no	
19					yes	no			yes	no	
20					yes	no			yes	no	
21					yes	no			yes	no	
22					yes	no			yes	no	
23					yes	no			yes	no	
24					yes	no			yes	no	
25					yes	no			yes	no	
26					yes	no			yes	no	
27					yes	no			yes	no	
28					yes	no			yes	no	
29					yes	no			yes	no	
30					yes	no			yes	no	
31					yes	no			yes	no	



Please adopt the optimal rules of frying

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