**PRODUCT LISTING FORM**

**FORM 4**

**Name of Food Business: Name of Representative:**

**Date Submitted : Contact Number/ Email:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MENU** | **INGREDIENT** | **SUPPLIER WITH ADDRESS**  **(per ingredient)** | **STORAGE** | **METHOD OF PREPARATION** | **PACKAGING MATERIAL** | **SHELF LIFE\*\* AND STORAGE CONDITION OF FINAL PRODUCT** |
| **Example: Chicken Nuggets** | 1. Chicken (skinless chicken breast)  2. garlic powder  3. salt  4. black pepper  5. corn flakes  6. parmesan cheese | -Rustans Supermarket (Chicken Breast)  -Savemore Supermarket (Garlic powder, Salt, Black pepper | 1. Skinless Chicken Breast- Freezer  2. Garlic Powder, Salt, Black Pepper, Corn flakes- Clean and dry cabinet/ storage bins, stored separately  3. Parmesan Cheese- air-tight container in the refrigerator | 1. Preheat oven to 375 F.  2. Line a baking sheet with parchment paper.  3. Pulse the corn flakes in a food processor until fine crumbs form.  4. In a bowl, stir together the corn flake crumbs and parmesan cheese.  5. In a food processor, combine the chicken with water, garlic powder, salt and black pepper. Pulse until chicken is finely chopped.  6. Make a small piece of ball from the chicken mixture and press into the crumb mixture.  7. After coating, freeze them flat for 1 hour and transfer the nuggets to lined baking sheet and bake at 375 F for 15 minutes on the middle rack flipping them over half way through.  8. Remove from oven and let nuggets rest a few minutes before serving. | Reusable plate | 4 Hours, Reusable plate and utensils, for immediate consumption. |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Note: Ingredients made from scratch (e.g. mayonnaise, sauces, dips, marinade) must be identified.**

*\*\* For shelf life declaration, please indicate name and address of the Third party laboratory that conducted the Shelf life test, ignore if cooked and non-processed food procducts.*

***------------***--------------------------------------------------------------------***For JSEC Food Businesses please accomplish the requirements below****-------------*--------------------------------------------------------------

**Name of Food Business: Name of Representative:**

**Name of Food Products: Contact Number/ Email:**

|  |  |
| --- | --- |
| Approved and Endorsed by: | Assessed and Approved by: |
| Name and Signature of JSEC Coordinator | Name and Signature of OFSQA Officer/ Head |
| Date: ­­­­­­­­­­­ | Remarks: |