

YOUR STORE NAME HERE]'S DAILY GRIND LOG

(Date)

Name of Ground Beef Supplier: _____ USDA Est. # on Box: _____

Lot Code: _____ Product Identification: _____ Ground Chuck _____ Ground Round _____ Ground Beef _____ Ground Sirloin _____ Dept. Trim _____ Other _____

Who Ground _____ Time of Grind _____ Approx. Wt. of Grind Batch _____

Date of most recent grinder cleaning/sanitizing: _____ Time of most recent grinder cleaning/sanitizing: _____

Who Performed most recent grinder cleaning/sanitizing: _____

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