

Form HM: 26: Externally Sourced Food Items			
BEO:	Date delivere	d:	Where delivered:
the hotel cannot be with the "Sofitel Syd am required to abide	held responsible for the siney Wentworth Guideline by, and agree that thes	safety or suitabilit es for Externally S se requirements h	
responsibility for the	food and/ or beverages	items that we ha	e Sofitel Sydney Wentworth of any ve provided. We agree to be fully d that we have brought in.
Name:		Signatur	e:
Date		Product	
have you brough	or beverage items nt in? Please Il pages if needed.	□ Tick here it	f additional pages are attached.
What date is the	e event:	□ TICK HETE II	additional pages are attached.
Who is the supp products?	lier of the		
What is the phone number of the supplier in case we have any allergen queries?		Mobile: Landline:	
Are there any sp the handling or products you ha	_		
Received and app	roved Name:		Signature:
Sofitel Sydney Wentworth - HACCP Program.  Version number: 1			Date implemented: 2 <sup>nd</sup> June 2011 Revised:
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