ESM05 Allergen Identification Form	Menu Title/Year – Winter 23/24					Menu Week/Day – Week One Friday								
Product brand or code	**Menu Item Details**	Celery	Crustacea	Eggs	Fish	Gluten*	Lupin	Milk	Molluscs	Mustard	Peanuts	Tree Nuts	Sesame	Soya	Sulphites
Youngs	Omega 3 Fish Fingers	X	X	X	✓	**W**	X	X	X	X	X	X	X	X	X
Birds Eye	Gluten Free Fish Fingers	X	X	X	✓	X	X	X	X	X	X	X	X	X	X
Caterfood	Shoestring Fries	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Ardo	Garden Peas	X	X	X	X	X	X	X	X	X	X	X	X	X	X
St Nicolas	Baked Beans	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Branston	Baked Beans	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Crown	Omelette	X	X	✓	X	X	X	✓	X	X	X	X	X	X	X
Bebo	Soft Margarine	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tate & Lyle	Soft Brown Sugar	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Lyles	Golden Syrup	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Curtis	Chopped Dates	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Mornflake	Wholegrain Traditional Oats	X	X	X	X	**O**	X	X	X	X	X	X	X	X	X
Nestle	Rice Crispies	X	X	X	X	**B**	X	X	X	X	X	X	X	X	X
Lion	Tomato Ketchup	X	X	X	X	X	X	X	X	X	X	X	X	X	X

This form must be reviewed on the day this meal is being prepared to ensure the correct allergens have been identified.

Please state the name of the cereal(s) containing gluten* in that column

*Gluten Key:	**W** = Wheat **O** = Oats **B** = Barley **R** = Rye **S** = Spelt **K** = Kamut