

ESM05 Allergen Identification Form		Menu Title/Year – Winter 23/24				Menu Week/Day – Week Three Monday									
Product brand or code	Menu Item Details	Celery	Crustacea	Eggs	Fish	Gluten*	Lupin	Milk	Molluscs	Mustard	Peanuts	Tree Nuts	Sesame	Soya	Sulphites
Just Rol	Puff Pastry Sheets	X	X	X	X	W	X	X	X	X	X	X	X	X	X
Gomo	Spiced Pizza Sauce	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Churn Valley	Grated Cheddar Cheese	X	X	X	X	X	X	✓	X	X	X	X	X	X	X
Violife	Grated Mozzarella	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Triple Lion	Fusilli Pasta	X	X	X	X	W	X	X	X	X	X	X	X	X	X
Felicia	Gluten Free Fusilli Pasta	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Ardon	Garden Peas	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Mikes	Red Cabbage	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Mikes	White Cabbage	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Mikes	Carrots	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Sasco	Mayonnaise	X	X	✓	X	X	X	X	X	X	X	X	X	X	X
Angel Delight	Strawberry	X	X	X	X	X	X	✓	X	X	X	X	X	X	X
Angel Delight	Butterscotch	X	X	X	X	X	X	✓	X	X	X	X	X	X	X
Angel Delight	Chocolate	X	X	X	X	X	X	✓	X	X	X	X	X	X	X
Alpro	Silky Smooth Chocolate Soya Desserts	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
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