

CLAIM FORM

Date of claim

Subway Franchisee Id.Number

PO Number

EVER OCEAN Item Number / Description

Quantity of damaged items

Lot Number *(written on the front or back of the item)*

Type of product baked *(type of breads or cookies)*

Retarding Duration Temp. °F or °C

Scoring Yes No

Spraying Yes No

Proofing Duration Temp. °F or °C Humidity %

Baking Duration Temp. °F or °C Model of oven

Cooling Duration

Washing Hand wash Dish washer

Use of Subway Soap Yes No

Storage Stacked On a rack Down flat

Description

Please provide images to complete this claim.

