

_____ House

Sharps Utensil Check List (Please enter the numbers)

DAY	MON	TUE	WED	THU	FRI	SAT	SUN
DATE/MONTH	/	/	/	/	/	/	/
INITIALED							
MEAT KNIFE							
VEG KNIFE							
BREAD KNIFE							
FRUIT KNIFE							
SCISSORS							
FORK							
BUTTER KNIFE							
VEG PEELER							