**Storage Room Assessment Location of Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Use a separate form for each area where shelf-stable foods are stored.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **°F** | **Corrective Actions** |
| 10/1 |  |  |  |
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| 10/31 |  |  |  |

Temperature (°F) **--** The dry storage should clean, dry, well ventilated and between 50°-70°F; record actual temperature indicated by a thermometer placed in the area. Corrective Actions**-** Choose appropriately from *Part 1: Corrective Actions*.

**Walk-In Freezer Assessment Location of Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **°F** | **Corrective Actions** |
| 10/1 |  |  |  |
| 10/2 |  |  |  |
| 10/3 |  |  |  |
| 10/4 |  |  |  |
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| 10/31 |  |  |  |

Temperature (°F) -- The temperature of the freezer must be at 0°F or colder; record actual temperature indicated by a thermometer placed on the top shelf just inside the door. Corrective Actions-Choose appropriately from *Part 1: Corrective Actions.*

**Walk-In Refrigerator Assessment Location of Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **°F** | **Cross Contamination**  **(Y or N)** | **Corrective Actions** |
| 10/1 |  |  | □ Yes □ No |  |
| 10/2 |  |  | □ Yes □ No |  |
| 10/3 |  |  | □ Yes □ No |  |
| 10/4 |  |  | □ Yes □ No |  |
| 10/5 |  |  | □ Yes □ No |  |
| 10/6 |  |  | □ Yes □ No |  |
| 10/7 |  |  | □ Yes □ No |  |
| 10/8 |  |  | □ Yes □ No |  |
| 10/9 |  |  | □ Yes □ No |  |
| 10/10 |  |  | □ Yes □ No |  |
| 10/11 |  |  | □ Yes □ No |  |
| 10/12 |  |  | □ Yes □ No |  |
| 10/13 |  |  | □ Yes □ No |  |
| 10/14 |  |  | □ Yes □ No |  |
| 10/15 |  |  | □ Yes □ No |  |
| 10/16 |  |  | □ Yes □ No |  |
| 10/17 |  |  | □ Yes □ No |  |
| 10/18 |  |  | □ Yes □ No |  |
| 10/19 |  |  | □ Yes □ No |  |
| 10/20 |  |  | □ Yes □ No |  |
| 10/21 |  |  | □ Yes □ No |  |
| 10/22 |  |  | □ Yes □ No |  |
| 10/23 |  |  | □ Yes □ No |  |
| 10/24 |  |  | □ Yes □ No |  |
| 10/25 |  |  | □ Yes □ No |  |
| 10/26 |  |  | □ Yes □ No |  |
| 10/27 |  |  | □ Yes □ No |  |
| 10/28 |  |  | □ Yes □ No |  |
| 10/29 |  |  | □ Yes □ No |  |
| 10/30 |  |  | □ Yes □ No |  |
| 10/31 |  |  | □ Yes □ No |  |

Temperature (°F) -- The temperature of the refrigerator must be at 39°F or colder; record actual temperature indicated by a thermometer placed on the top shelf just inside the door. Cross-contamination -- Inspect to be sure all ready-to-eat/ cooked foods are stored above raw foods. Mark “Yes” if cross-contamination is observed and note corrective action. Corrective Actions-Choose appropriately from *Part 1: Corrective Actions.*

**Reach-In Freezer Assessment Location of Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **°F** | **Corrective Actions** |
| 10/1 |  |  |  |
| 10/2 |  |  |  |
| 10/3 |  |  |  |
| 10/4 |  |  |  |
| 10/5 |  |  |  |
| 10/6 |  |  |  |
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| 10/11 |  |  |  |
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| 10/13 |  |  |  |
| 10/14 |  |  |  |
| 10/15 |  |  |  |
| 10/16 |  |  |  |
| 10/17 |  |  |  |
| 10/18 |  |  |  |
| 10/19 |  |  |  |
| 10/20 |  |  |  |
| 10/21 |  |  |  |
| 10/22 |  |  |  |
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| 10/25 |  |  |  |
| 10/26 |  |  |  |
| 10/27 |  |  |  |
| 10/28 |  |  |  |
| 10/29 |  |  |  |
| 10/30 |  |  |  |
| 10/31 |  |  |  |

Temperature (°F) -- The temperature of the freezer must be at 0°F or colder; record actual temperature indicated by a thermometer placed on the top shelf just inside the door. Corrective Actions-Choose appropriately from *Part 1: Corrective Actions.*

**Reach-In Refrigerator Assessment Location of Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **°F** | **Cross Contamination**  **(Y or N)** | **Corrective Actions** |
| 10/1 |  |  | □ Yes □ No |  |
| 10/2 |  |  | □ Yes □ No |  |
| 10/3 |  |  | □ Yes □ No |  |
| 10/4 |  |  | □ Yes □ No |  |
| 10/5 |  |  | □ Yes □ No |  |
| 10/6 |  |  | □ Yes □ No |  |
| 10/7 |  |  | □ Yes □ No |  |
| 10/8 |  |  | □ Yes □ No |  |
| 10/9 |  |  | □ Yes □ No |  |
| 10/10 |  |  | □ Yes □ No |  |
| 10/11 |  |  | □ Yes □ No |  |
| 10/12 |  |  | □ Yes □ No |  |
| 10/13 |  |  | □ Yes □ No |  |
| 10/14 |  |  | □ Yes □ No |  |
| 10/15 |  |  | □ Yes □ No |  |
| 10/16 |  |  | □ Yes □ No |  |
| 10/17 |  |  | □ Yes □ No |  |
| 10/18 |  |  | □ Yes □ No |  |
| 10/19 |  |  | □ Yes □ No |  |
| 10/20 |  |  | □ Yes □ No |  |
| 10/21 |  |  | □ Yes □ No |  |
| 10/22 |  |  | □ Yes □ No |  |
| 10/23 |  |  | □ Yes □ No |  |
| 10/24 |  |  | □ Yes □ No |  |
| 10/25 |  |  | □ Yes □ No |  |
| 10/26 |  |  | □ Yes □ No |  |
| 10/27 |  |  | □ Yes □ No |  |
| 10/28 |  |  | □ Yes □ No |  |
| 10/29 |  |  | □ Yes □ No |  |
| 10/30 |  |  | □ Yes □ No |  |
| 10/31 |  |  | □ Yes □ No |  |

Temperature (°F) -- The temperature of the refrigerator must be at 39°F or colder; record actual temperature indicated by a thermometer placed on the top shelf just inside the door. Cross-contamination -- Inspect to be sure all ready-to-eat/ cooked foods are stored above raw foods. Mark “Yes” if cross-contamination is observed and note corrective action. Corrective Actions-Choose appropriately from *Part 1: Corrective Actions.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Daily Milk Box Assessment**  Location of Unit #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **Daily Milk Box Assessment**  Location of Unit #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Date** | Observer  Initials | Temp.  °F | FIFO (Y/N) | **Corrective Actions Taken** | **Date** | Observer  Initials | Temp.  °F | FIFO (Y/N) | Corrective Actions Taken |
| 10/1 |  |  |  |  | 10/1 |  |  |  |  |
| 10/2 |  |  |  |  | 10/2 |  |  |  |  |
| 10/3 |  |  |  |  | 10/3 |  |  |  |  |
| 10/4 |  |  |  |  | 10/4 |  |  |  |  |
| 10/5 |  |  |  |  | 10/5 |  |  |  |  |
| 10/6 |  |  |  |  | 10/6 |  |  |  |  |
| 10/7 |  |  |  |  | 10/7 |  |  |  |  |
| 10/8 |  |  |  |  | 10/8 |  |  |  |  |
| 10/9 |  |  |  |  | 10/9 |  |  |  |  |
| 10/10 |  |  |  |  | 10/10 |  |  |  |  |
| 10/11 |  |  |  |  | 10/11 |  |  |  |  |
| 10/12 |  |  |  |  | 10/12 |  |  |  |  |
| 10/13 |  |  |  |  | 10/13 |  |  |  |  |
| 10/14 |  |  |  |  | 10/14 |  |  |  |  |
| 10/15 |  |  |  |  | 10/15 |  |  |  |  |
| 10/16 |  |  |  |  | 10/16 |  |  |  |  |
| 10/17 |  |  |  |  | 10/17 |  |  |  |  |
| 10/18 |  |  |  |  | 10/18 |  |  |  |  |
| 10/19 |  |  |  |  | 10/19 |  |  |  |  |
| 10/20 |  |  |  |  | 10/20 |  |  |  |  |
| 10/21 |  |  |  |  | 10/21 |  |  |  |  |
| 10/22 |  |  |  |  | 10/22 |  |  |  |  |
| 10/23 |  |  |  |  | 10/23 |  |  |  |  |
| 10/24 |  |  |  |  | 10/24 |  |  |  |  |
| 10/25 |  |  |  |  | 10/25 |  |  |  |  |
| 10/26 |  |  |  |  | 10/26 |  |  |  |  |
| 10/27 |  |  |  |  | 10/27 |  |  |  |  |
| 10/28 |  |  |  |  | 10/28 |  |  |  |  |
| 10/29 |  |  |  |  | 10/29 |  |  |  |  |
| 10/30 |  |  |  |  | 10/30 |  |  |  |  |
| 10/31 |  |  |  |  | 10/31 |  |  |  |  |

Temperature (°F) --The temperature of the milk box must be at 39°F or colder; record actual temperature indicated by a properly working built in thermometer or a thermometer placed inside the unit. FIFO -- Inspect to be sure that all milk has current dates and oldest is used first. Corrective Actions- Choose appropriately from *Part 1: Corrective Actions.*

**Daily Hand Sink Assessment**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Kitchen Hand Sink #1** | | | **Kitchen Hand Sink #2** | | | **Kitchen Hand**  **Sink #3** | | | **Kitchen Hand**  **Sink #4** | | | **Kitchen Hand**  **Sink #5** | | | **Corrective Actions** |
|  |  | W | S | T | W | S | T | W | S | T | W | S | T | W | S | T |  |
| 10/1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/21 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/22 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/23 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/25 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/26 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/27 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/28 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/29 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/30 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/31 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Water (°F) -- must be warm, at least 100°F. If available, mark “Y”, if no, “mark “N.” Soap -- If available, mark “Y”, if no, “mark “N”.

Towels/Tissue -- If available, mark “Y”, if no, mark “N.” Corrective Actions-Choose appropriately from *Part 1: Corrective Actions.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Daily Hot Holding Cabinet Assessment**  Location of Unit #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Daily Hot Holding Cabinet Assessment**  Location of Unit #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Date** | Observer  Initials | Temp.  °F | Corrective Actions Taken | **Date** | Observer  Initials | Temp.  °F | Corrective Actions Taken |
| 10/1 |  |  |  | 10/1 |  |  |  |
| 10/2 |  |  |  | 10/2 |  |  |  |
| 10/3 |  |  |  | 10/3 |  |  |  |
| 10/4 |  |  |  | 10/4 |  |  |  |
| 10/5 |  |  |  | 10/5 |  |  |  |
| 10/6 |  |  |  | 10/6 |  |  |  |
| 10/7 |  |  |  | 10/7 |  |  |  |
| 10/8 |  |  |  | 10/8 |  |  |  |
| 10/9 |  |  |  | 10/9 |  |  |  |
| 10/10 |  |  |  | 10/10 |  |  |  |
| 10/11 |  |  |  | 10/11 |  |  |  |
| 10/12 |  |  |  | 10/12 |  |  |  |
| 10/13 |  |  |  | 10/13 |  |  |  |
| 10/14 |  |  |  | 10/14 |  |  |  |
| 10/15 |  |  |  | 10/15 |  |  |  |
| 10/16 |  |  |  | 10/16 |  |  |  |
| 10/17 |  |  |  | 10/17 |  |  |  |
| 10/18 |  |  |  | 10/18 |  |  |  |
| 10/19 |  |  |  | 10/19 |  |  |  |
| 10/20 |  |  |  | 10/20 |  |  |  |
| 10/21 |  |  |  | 10/21 |  |  |  |
| 10/22 |  |  |  | 10/22 |  |  |  |
| 10/23 |  |  |  | 10/23 |  |  |  |
| 10/24 |  |  |  | 10/24 |  |  |  |
| 10/25 |  |  |  | 10/25 |  |  |  |
| 10/26 |  |  |  | 10/26 |  |  |  |
| 10/27 |  |  |  | 10/27 |  |  |  |
| 10/28 |  |  |  | 10/28 |  |  |  |
| 10/29 |  |  |  | 10/29 |  |  |  |
| 10/30 |  |  |  | 10/30 |  |  |  |
| 10/31 |  |  |  | 10/31 |  |  |  |

Temperature (°F) -- Record the actual temperature of the unit using the built-in gauge; if there is no gauge, read from a thermometer placed inside the unit. Corrective Actions-Choose appropriately from *Part 1: Corrective Actions.*

**Daily Kitchen Assessment**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Observer Initials | Dish machine Sanitizing | | Dish Sink Wash &  Sanitizing Set-up | Wipe/ Spray on sanitizer | Clean -up | | | Corrective Actions |
| Final Rinse  °F or ppm | Pressure (PSI) | °F for wash and °F or ppm for sanitizer | (ppm) | Trash  Y or N | Floors  Y or N | Surfaces  Y or N |
| 10/1 |  |  |  |  |  |  |  |  |  |
| 10/2 |  |  |  |  |  |  |  |  |  |
| 10/3 |  |  |  |  |  |  |  |  |  |
| 10/4 |  |  |  |  |  |  |  |  |  |
| 10/5 |  |  |  |  |  |  |  |  |  |
| 10/6 |  |  |  |  |  |  |  |  |  |
| 10/7 |  |  |  |  |  |  |  |  |  |
| 10/8 |  |  |  |  |  |  |  |  |  |
| 10/9 |  |  |  |  |  |  |  |  |  |
| 10/10 |  |  |  |  |  |  |  |  |  |
| 10/11 |  |  |  |  |  |  |  |  |  |
| 10/12 |  |  |  |  |  |  |  |  |  |
| 10/13 |  |  |  |  |  |  |  |  |  |
| 10/14 |  |  |  |  |  |  |  |  |  |
| 10/15 |  |  |  |  |  |  |  |  |  |
| 10/16 |  |  |  |  |  |  |  |  |  |
| 10/17 |  |  |  |  |  |  |  |  |  |
| 10/18 |  |  |  |  |  |  |  |  |  |
| 10/19 |  |  |  |  |  |  |  |  |  |
| 10/20 |  |  |  |  |  |  |  |  |  |
| 10/21 |  |  |  |  |  |  |  |  |  |
| 10/22 |  |  |  |  |  |  |  |  |  |
| 10/23 |  |  |  |  |  |  |  |  |  |
| 10/24 |  |  |  |  |  |  |  |  |  |
| 10/25 |  |  |  |  |  |  |  |  |  |
| 10/26 |  |  |  |  |  |  |  |  |  |
| 10/27 |  |  |  |  |  |  |  |  |  |
| 10/28 |  |  |  |  |  |  |  |  |  |
| 10/29 |  |  |  |  |  |  |  |  |  |
| 10/30 |  |  |  |  |  |  |  |  |  |
| 10/31 |  |  |  |  |  |  |  |  |  |

Daily Kitchen Assessment F°/ppm-High temp dish machine record temp. Chemical dish machine use test strip, note the closest ppm determined. Dish Sink Set up- Record water temp for wash and water temp or test chemicals for sanitizing and record the closest ppm determined. Wipe/Spray- note the closest ppm determined. Required chemical range= temp <70°F with Chlorine 50-100 ppm or Quats=150-400ppm. Final Rinse Temp=180°F (test strips) or 160°F (max registering thermometer/dish plate). Clean Up: Trash removal is completed, Floors and Surfaces Cleaned mark with a Y for yes or N for no. Corrective Actions- Choose appropriately from *Part 1: Corrective Actions.*

**Daily Cooling Log for Hot Time/Temperature Control for Safety (TCS) Foods**

*Remember to use ice bath and/or shallow pans to decrease cooling time.*

1. Chill cooked hot food using one of these methods:
2. Two-Stage: From 135 ºF to 70 ºF within 2 hours AND 70 ºF to 41 ºF or below in an additional 4 hours. Take corrective action immediately if food is not chilled from 135 ºF to 70 ºF within 2 hours. The total cooling process from 135 ºF to 41 ºF may not exceed 6 hours. Take corrective action immediately if food is not chilled from 135 ºF to 41 ºF within the 6-hour cooling process.
3. One-Stage: Directly from 135 ºF to 41 ºF within a total of 4 hours. The total cooling process from 135 ºF to 41 ºF may not exceed 4 hours. Take corrective action immediately if food is not chilled from 135 ºF to 41 ºF within the 4-hour cooling process.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Product | Start/End Time and Temperature | | | | Corrective Action Taken | |
| Start Time  Start Temp | Observer(s) Initials | End Time  End Temp | Manager Initials | 1 | 2 |
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Start/End Time and Temperature: Note the time and temperature when the cooling process begins. Note the time and temperature when the Manager/last person leaves the facility for the day. If it is not evident the food will cool to 41 °F within an acceptable amount of time, discard the food and record a 1 or 2 in corrective action.

Corrective Action:

1 = Product did not cool from 135 ºF to 70 ºF within 2 hours; product was discarded.

2 = Product did not cool directly from 135 ºF to 41 ºF within a total of 4 hours; product was discarded.

MONTHLY FOOD SAFETY INSPECTION -- WEEK ONE

NOTE: This is one of a series of four forms. It is recommended one form be completed each week.

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to *Part 1: Prerequisite Programs* and *Part 1: Safe Food Handling* for specific information about the standards which must be met to answer “Yes”. If you answer “No” to any of the items, you must take corrective action. Record the corrective actions taken in the space beside each observation.

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| **Signature of Person in Charge:** |  | | |
| **Date Inspection Completed:** | October, |  | 2022 |

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| **DRY STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly with no signs of tampering and/or counterfeiting. Canned foods have no swollen ends, leaks, rust, or dents. Dry food packaging is clean and in good condition. |  |  |
| □ Yes  □ No  □ N/A | All food is properly labeled with received or pack date (at least month/year). Foods are not past the expiration dates. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all dry food storage. |  |  |
| □ Yes  □ No  □ N/A | All food is stored on clean shelving at least 6 inches off the floor. |  |  |
| □ Yes  □ No  □ N/A | Food stored in durable, food-grade containers and not in direct sunlight. |  |  |
| □ Yes  □ No  □ N/A | Cleaning supplies/other chemicals stored separately from all food, dishes, utensils, linens, and single-use items. |  |  |
| **HAZARD COMMUNICATIONS** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All hazardous chemicals properly marked. Non-food supplies and hazardous chemicals are in their original containers OR clearly labeled on the side with the specific name of the contents. |  |  |
| □ Yes  □ No  □ N/A | SDS book located for easy employee reference. Employees are reminded of SDS information. |  |  |

MONTHLY FOOD SAFETY INSPECTION -- WEEK TWO

NOTE: This is one of a series of four forms. It is recommended one form be completed each week.

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Part 1: Prerequisite Programs and Part 1: Safe Food Handling for specific information about the standards which must be met to answer “Yes”. If you answer “No” to any of the items, you must take corrective action. Record the corrective actions taken in the space beside each observation.

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| **Signature of Person in Charge:** |  | | |
| **Date Inspection Completed:** | October, |  | 2022 |

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| **REFRIGERATED STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation; shelves not lined; stored at least 6 inches off the floor. |  |  |
| □ Yes  □ No  □ N/A | All non-perishable food is properly labeled with received or pack date (month/year). Produce is labeled with month/day. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all refrigerated stock. |  |  |
| □ Yes  □ No  □ N/A | All leftover menu items and partially used ingredients are stored in durable, food-grade containers, properly covered and labeled with the amount and date (CLAD). |  |  |
| □ Yes  □ No  □ N/A | Outdated leftover menu items and ingredients are discarded. |  |  |
| □ Yes  □ No  □ N/A | All refrigeration units, including milk boxes are clean. |  |  |

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| **SHARING TABLES IN THE DINING AREA (if allowed by local policy)** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | Only non-TCS foods are placed on the sharing tables. |  |  |
| □ Yes  □ No  □ N/A | Foods placed on sharing tables are properly disposed at the end of each meal service. |  |  |

MONTHLY FOOD SAFETY INSPECTION -- WEEK THREE

NOTE: This is one of a series of four forms. It is recommended one form be completed each week.

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to *Part 1: Prerequisite Programs* and *Part 1: Safe Food Handling* for specific information about the standards which must be met to answer “Yes”. If you answer “No” to any of the items, you must take corrective action. Record the corrective actions taken in the space beside each observation.

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| **Signature of Person in Charge:** |  | | |
| **Date Inspection Completed:** | October, |  | 2022 |

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| **FREEZER STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation; shelves not lined; stored at least 6 inches off the floor. |  |  |
| □ Yes  □ No  □ N/A | All food is properly labeled with received or pack date (month/year) |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all FROZEN stock. |  |  |
| □ Yes  □ No  □ N/A | All freezer units are clean and defrosted according to manufacturer instructions. |  |  |
| □ Yes  □ No  □ N/A | Any pre-prepared foods are stored in durable, food-grade containers, properly covered and labeled with the amount and date (CLAD). Outdated foods are discarded. |  |  |

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| **TRANSPORTING** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All cold and hot holding equipment is functioning to maintain correct food temperatures. |  |  |
| □ Yes  □ No  □ N/A | All holding equipment is properly cleaned and sanitized when returned. |  |  |

MONTHLY FOOD SAFETY INSPECTION -- WEEK FOUR

NOTE: This is one of a series of four forms. It is recommended one form be completed each week.

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to *Part 1: Prerequisite Programs* and *Part 1: Safe Food Handling* for specific information about the standards which must be met to answer “Yes”. If you answer “No” to any of the items, you must take corrective action. Record the corrective actions taken in the space beside each observation.

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| **Signature of Person in Charge:** |  | | |
| **Date Inspection Completed:** | October, |  | 2022 |

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| **FOOD PREPARATION** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | Fruits and vegetables are properly washed before preparation or service. |  |  |
| □ Yes  □ No  □ N/A | Ice used to chill food or beverages is never used as a food ingredient. |  |  |
| □ Yes  □ No  □ N/A | A cleaned and sanitized container(s) and ice scoop(s) is used to dispense ice. |  |  |
| □ Yes  □ No  □ N/A | Food preparation utensils (cutting boards, knives, measuring utensils, etc.) are clean, sanitary, and well maintained. |  |  |
| **FACILITIES AND EQUIPMENT** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | Food Preparation Equipment (Mixer, Slicer, Robot Coupe, VCM, Food Chopper, etc.) is clean and well maintained. |  |  |
| □ Yes  □ No  □ N/A | Cooking and Holding Equipment (Ovens, steamers, braising pans, kettles, refrigerators, freezers, hot holding cabinets, etc.) is clean and well maintained. |  |  |
| □ Yes  □ No  □ N/A | Ice Machine is clean and sanitary. |  |  |
| □ Yes  □ No  □ N/A | Properly sized plastic liners in all garbage cans located in each work area. |  |  |
| □ Yes  □ No  □ N/A | Chlorine bleach (5.25% sodium hypochlorite bleach) or another EPA registered cleaning chemical for norovirus is readily available to use for potential norovirus (vomitus and/or fecal) events in the food preparation or service areas. |  |  |

MONTHLY FOOD SAFETY INSPECTION – PEST CONTROL CHECKLIST

Pests can pose a significant program within a foodservice operation. One of the first lines of defense is to conduct a monthly inspection so you can identify and correct potential problems.

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to *Part 1: Prerequisite Programs* and *Part 1: Safe Food Handling* for specific information about the standards which must be met to answer “Yes”. If you answer “No” to any of the items, you must take corrective action as soon as possible. Record the corrective actions taken in the space beside each observation.

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| **Signature of Person in Charge:** |  | | |
| **Date Inspection Completed:** | October, |  | 2022 |

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| **FOOD PREPARATION, STORAGE, AND TRASH COLLECTION AREAS** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | The building exterior and perimeter is clean and free of clutter and debris. |  |  |
| □ Yes  □ No  □ N/A | Dumpster and dumpster pad area maintained in a clean condition. Dumpster plugs are in place. |  |  |
| □ Yes  □ No  □ N/A | Recyclables are properly stored |  |  |
| □ Yes  □ No  □ N/A | Insecticides and rodent traps properly used in and near the garbage and waste area. |  |  |
| □ Yes  □ No  □ N/A | Only pest control products labeled for use in food-handling areas are used. |  |  |
| □ Yes  □ No  □ N/A | Trapping devices or other means of pests control are properly maintained and used. |  |  |
| □ Yes  □ No  □ N/A | Pesticides are kept in original containers and stored properly. |  |  |