|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Daily Warehouse Assessment** | | | | | | | | | | | | | | |  |
| Date | Observer Initials | **Hand sink #1** | | | **Hand sink #2** | | | Wipe/ Spray on sanitizer | Personnel | Ther-mometers Calibrated Accurately | General Cleaning | | | Corrective Actions | |
| W | S | T | W | S | T | (ppm) | Trash can + liners  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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

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.” Wipe/Spray- note the closest ppm determined. Required chemical range= temp <70°F with Chlorine 50-100 ppm or Quats=150-400ppm. 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*

**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 |  |  |  |
| 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 |  |  |  |

**Temperature (oF) --** 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*.

**Freezer Assessment Location of Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
| 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 |  |  |  |

Temperature (oF) -- The temperature of the freezer must be at 0oF 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*.

**Refrigerator Assessment Location of Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
| 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 |  |  |  |

Temperature (oF) -- The temperature of the Refrigerator must be at 39oF 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*.

MONTHLY FOOD SAFETY INSPECTION -- WEEK ONE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to *Part 1: Prerequisite Programs* and *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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | October, |  | 2022 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 pallets of 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 shelves or pallets at least 6 inches off the floor. |  |  |
| □ Yes  □ No  □ N/A | Any foods not in original containers are stored in durable, food-grade containers, not in direct sunlight, properly covered and labeled with the amount and date (CLAD). |  |  |
| □ Yes  □ No  □ N/A | Out dated inventory is placed into a clearly marked salvage area or discarded. |  |  |
| □ Yes  □ No  □ N/A | Cleaning supplies/other chemicals stored separately from all food, dishes, utensils, linens, and single-use items. |  |  |

MONTHLY FOOD SAFETY INSPECTION -- WEEK TWO

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Part 1: Prerequisite Programs and 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | October, |  | 2022 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | Any foods not in original containers are stored in durable, food-grade containers, properly covered and labeled with the amount and date (CLAD). |  |  |
| □ Yes  □ No  □ N/A | Out dated inventory is placed into a clearly marked salvage area or discarded. |  |  |
| □ Yes  □ No  □ N/A | All refrigeration units are clean. |  |  |

MONTHLY FOOD SAFETY INSPECTION -- WEEK THREE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Part 1: Prerequisite Programs and 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | October, |  | 2022 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 pallets are 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 foods not in original containers are stored in durable, food-grade containers, properly covered and labeled with the amount and date (CLAD). |  |  |
| □ Yes  □ No  □ N/A | Out dated inventory is placed into a clearly marked salvage area or discarded. |  |  |

MONTHLY FOOD SAFETY INSPECTION -- WEEK FOUR

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Part 1: Prerequisite Programs and 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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Signature of Responsible Person:** | |  | | | | |
| **Date Inspection Completed:** | | October, |  | 2022 | | |
| **TRANSPORTING** | | | | | | |
|  |  | | | | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | Transport vehicles have the ability to transport frozen, refrigerated, and dry good for arrival at the destination at the proper temperature. | | | |  |  |
| □ Yes  □ No  □ N/A | Regular preventive maintenance is performed on transport vehicles and vehicles are in safe working order. | | | |  |  |
| □ Yes  □ No  □ N/A | All cold and holding equipment is functioning to maintain correct food temperatures. | | | |  |  |
| □ Yes  □ No  □ N/A | All holding equipment is properly cleaned and sanitized when returned. | | | |  |  |
| **FACILITIES AND EQUIPMENT** | | | | | | |
|  |  | | | | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | Floors, walls, ceilings, and ventilation are clean and in good repair. Doors and windows seal properly. | | | |  |  |
| □ Yes  □ No  □ N/A | Loading equipment is in good repair and operates properly. | | | |  |  |
| □ Yes  □ No  □ N/A | OSHA regulations are being met. | | | |  |  |
| □ Yes  □ No  □ N/A | Ice machine is clean, in good repair, and connected to potable water. | | | |  |  |
| □ Yes  □ No  □ N/A | Food Defense Plan is up to date and actively monitored. | | | |  |  |
| □ 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 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | October, |  | 2022 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Pest Control** | | | | | | |
|  | |  | | Corrective Actions Taken | | Date |
| □ Yes  □ No  □ N/A | | The building exterior and perimeter is clean, well-drained, free of clutter and debris, and vegetation near the building is neatly maintained so as not to harbor pests. | |  | |  |
| □ 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 are properly used. | |  | |  |
| □ 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 properly maintained and used. | |  | |  |
| □ Yes  □ No  □ N/A | | Pesticides kept in their original containers and stored properly. | |  | |  |
| **HAZZARD 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 | MSDS book located for easy employee reference. Employees are reminded of MSDS information. | |  | |  | |