**Part 3**

**Monitoring and Record Keeping**

Hazard Analysis Critical Control Point (HACCP) is a system of accounting for and preventing biological, physical, or chemical hazards that could be introduced or increased during any point in the handling of a food product. It is important to maintain good records along with having a scientifically sound and validated HACCP plan. Effective record keeping procedures must be established and implemented as part of your HACCP system.

Monitoring tracks how well managers and employees are implementing the HACCP plan. It also helps determine if the standards outlined in *Part 1: Prerequisite Programs* and *Safe Food Handling Procedures* are met.

Monitoring of all daily, weekly, monthly, annual, and as needed tasks are required for any HACCP task performed at the school. Complete only the forms for effectively monitoring the type of tasks executed at your warehouse. For example, if your warehouse does not have a refrigerator, completion of the refrigerator monitoring log would not be required. All needed monitoring forms are required unless the School Food Authority (SFA) submits an alternate form with corresponding instructions and rationale for the alternate form to the Zone Nutrition Specialist for approval. The Nutrition Specialist will approve alternate forms on a case-by-case basis. Approval must be received in writing from the Zone Nutrition Specialist before the alternate forms can be used.

The list below indicates the monitoring forms included in this section. Place your cursor over the page number, hold the CRTL key and click the left mouse button to go directly to the monitoring form described.

[Monitoring and Record Keeping Summary 1](#_Toc414024958)

[Daily Warehouse Assessment Form 3](#_Toc414024959)

[Dry Storage Room Assessment 16](#_Toc414024960)

[Freezer Assessment 29](#_Toc414024961)

[Refrigerator Assessment 42](#_Toc414024962)

[Monthly Food Safety Inspection Forms 55](#_Toc414024963)

[Employee Illness Monitoring Log 116](#_Toc414024964)

# Monitoring and Record Keeping Summary

**Central Warehouse**

The first step is to determine who will be responsible for monitoring and where records will be kept. Record the information in table below.

**Daily, Weekly, Monthly, and Annual Monitoring Forms**

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| **MONITORING FORMS** | **RESPONSIBLE PERSON(S) 1** | **STORAGE LOCATION 2** | **HOW LONG TO KEEP 3** |
| Daily – Warehouse Assessment |  |  | Three years |
| Daily – Refrigerator Assessment(s) |  |  | Three years |
| Daily – Freezer Assessment(s) |  |  | Three years |
| Daily – Dry Storage Assessment(s) |  |  | Three years |
| Monthly -- Series of four inspection sheets 4 |  |  | Three years |
| Monthly -- Pest Control |  |  | Three years |
| Annual -- Operation Assessment |  |  | Three years |
| Annual - Employee Health Policy Agreements | Manager or Person in Charge (PIC) | With Part 4: Continuing Education & Professional Development | Three years |

1 In many warehouse operations, the person responsible for monitoring will be the Food Safety Team Leader; however, it is highly recommended the Food Safety Team Leader delegate monitoring tasks to other employees in the facility.

2Storage location must be the specific place the official records can be found – black filing cabinet second drawer, bottom drawer of manager’s desk, or Part 3 of HACCP plan binder, etc.

3 All School Nutrition Program information must be kept for *at least* 3 years plus the current year. If your SFA requires forms are kept longer, follow your local procedure.

4 The monthly inspections include a series of four forms. The School Nutrition Administrator and/or the Food Safety Team Leader should decide when to complete these forms, such as one each week or all at the same time each month.

**As Needed Monitoring Forms**

Some standards do not have a scheduled monitoring frequency and so are monitored “As needed.” Even so, it is still necessary to check whether or not the standard is being met. Nearly all the standards which are monitored “As needed” are recorded on other forms currently used in your operation. Here is a list of the other forms on which standards monitored on an “As needed” basis would be recorded. Please complete the following table.

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| **MONITORING FORMS** | **RESPONSIBLE PERSON(S) 1** | **STORAGE LOCATION 2** | **HOW LONG TO KEEP 3** |
| Employee Illness Log | Manager or Person in Charge (PIC) |  | Three years |
| Reports from the health department for food or conditional employees diagnosed with foodborne illness 4 |  |  | Three years |
| Food Safety Checklist for New Employees 5 |  | With Part 4: Continuing Education & Professional Development | Until no longer employed |
| Pest Control Reports from PMP 6 |  |  | Three years |
| Purchasing and Receiving Delivery Invoices/Delivery Tickets |  |  | Three years |

1 In many school foodservice operations, the responsible person for monitoring will be the Food Safety Team Leader. However, the Food Safety Team Leader has the option of delegating this task to another employee in the facility.

2Storage location must be the specific place the record can be found – black filing cabinet second drawer, bottom drawer of manager’s desk, or Part 3 of HACCP plan binder, etc.

3 All School Nutrition Program information must be kept for *at least* 3 years plus the current year. If your SFA requires forms are kept longer, follow your local procedure.

4 Information shared by the health department about employees’ health must not be shared with any employees as this would be a violation of one’s right for privacy. Site managers are only allowed to share this information with their immediate supervisor, such as the Area Supervisor or School Nutrition Director.

5 Checklists for substitute employees may be kept at the SFA central office. If so, file a list of approved substitutes and the date the employee checklist was completed in the Part 4: Continuing Education and Professional Development.

6 In some locations, the School Nutrition Administrator or Maintenance Supervisor will keep these records, if so note the responsible person and cite the location of the office.

# Daily Warehouse Assessment Form

**Instructions to Complete**

The Daily Warehouse Assessment Form must be completed each day the facility operates. It is recommended the sections of the form related to sanitizing be completed in the morning; the sections for cleanup should be completed at the end of the day.

Date – The dates on the form are pre-filled. On days when monitoring does not occur, draw a line through the remaining cells. It is very important all information is accurately recorded.

Observer Initials – The person who checks the condition of the hand sinks must record their initials. Typically, one employee will be assigned this task; however, if another employee checks the temperature on a given day, that person should record their initials.

**Hand Sinks** – All Hand sinks used by warehouse employees must be monitored.

* **Water (oF)** – Water at all hand sinks must be warm (100oF) or hotter. Occasionally use a metal-stem thermometer to measure the temperature of the water so you know what warm water feels like. Afterwards, you can simply feel if the water is warm rather than measuring an actual temperature. If warm water is available, mark “Y”, if no, mark “N.”
* **Soap** -- All hand sinks must have soap. Check the soap dispensers at all hand sinks. If soap is available, mark “Y”, if no, “mark “N.”
* **Towels/Tissue** – All hand sinks must have single-use paper towels or a working air dryer and restrooms must have toilet tissue. Check the availability of single-use towels or a working hand dryer and toilet tissue. If available, mark “Y”, if no, mark “N.”

**Wipe/Spray on sanitizer (ppm)** – Bottles or buckets of chemical sanitizer should be prepared as needed and the concentration must be checked daily using appropriate test strips. If the concentration is in the correct range, then record the ppm in this cell. If not, adjust the amount of sanitizer or water in the container for the correct concentration and note this in the corrective actions column. If the containers are refilled during the day, the sanitizer concentration must be checked but not recorded.

**Personnel** – These five items support your HACCP Plan and must be monitored daily. Each should be checked if in place. Note any corrective action taken if you were unable to check all were in place.

* Healthy – Are all employees healthy? If an individual is sick, he/she should not be handling exposed food, single-use articles, cleaned and sanitized dishware and equipment, and clean linens. Refer to the HACCP Plan Part 1: Prerequisite Programs, Appendix A for more information about employee health and when to exclude or restrict employees from food handling duties.
* Clean appearance – Are employees properly dressed according to the food safety standards outlined in 2-4: Prerequisite Programs?
* Washing hands – Are workers properly washing their hands with warm water, soap, and drying?
* No bare hand contact – Are employees handling ready to eat food with no bare hand contact? Employees should not be handling cooked or ready-to-eat foods with bare hands; They should use tongs, utensils, deli tissue, or single-use gloves.

**Thermometers checked and calibrated if needed –** Are all thermometers checked for accuracy daily and calibrated if needed? Calibration is the process of verifying the accuracy of a thermometer. Thermocouples do not require calibration and so if using one, make a notation of N/A. Refer to the HACCP plan Part 5: Safe Food Handling Requirements or the HACCP training materials on the CN website for complete instructions about properly calibrating thermometers.

**General Cleaning** – these items serve as a reminder of general sanitation practices which should be completed before leaving the facility. Mark each items with a Yes or No to indicate satisfactory completion of the task. 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.

* **Trash** – at the end of the day, all trash must be removed from the facility and clean liners provided.
* **Floors** – at the end of the day, all floors must be thoroughly cleaned.
* **Surfaces** – at the end of the day, all non-food-contact surfaces must be cleaned and all food-contact surfaces, cleaned and sanitized, if used during the day.

Corrective Actions – Note any corrective actions taken. Examples of corrective actions are in Part 1: Corrective Actions.

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| **Daily Warehouse Assessment July** | | | | | | | | | | | | | | | **2021** |
| 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 and can liners  Y or N | Floors  Y or N | Surfaces  Y or N |
| 7/1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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| **Daily Warehouse Assessment August** | | | | | | | | | | | | | | | **2021** |
| 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 and can liners  Y or N | Floors  Y or N | Surfaces  Y or N |
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| **Daily Warehouse Assessment September** | | | | | | | | | | | | | | | **2021** |
| 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 and can liners  Y or N | Floors  Y or N | Surfaces  Y or N |
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| **Daily Warehouse Assessment October** | | | | | | | | | | | | | | | **2021** |
| 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 and can liners  Y or N | Floors  Y or N | Surfaces  Y or N |
| 10/1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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| **Daily Warehouse Assessment November** | | | | | | | | | | | | | | | **2021** |
| 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 and can liners  Y or N | Floors  Y or N | Surfaces  Y or N |
| 11/1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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| 11/7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/21 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/22 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/23 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/25 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/26 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/27 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/28 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/29 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 11/30 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

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| **Daily Warehouse Assessment December** | | | | | | | | | | | | | | | **2021** |
| 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 and can liners  Y or N | Floors  Y or N | Surfaces  Y or N |
| 12/1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/21 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/22 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/23 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/25 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/26 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/27 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/28 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/29 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/30 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 12/31 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

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| **Daily Warehouse Assessment January** | | | | | | | | | | | | | | | **2022** |
| 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 and can liners  Y or N | Floors  Y or N | Surfaces  Y or N |
| 1/1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/21 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/22 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/23 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/25 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/26 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/27 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/28 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/29 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/30 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 1/31 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

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| **Daily Warehouse Assessment February** | | | | | | | | | | | | | | | **2022** |
| 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 and can liners  Y or N | Floors  Y or N | Surfaces  Y or N |
| 2/1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/21 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/22 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/23 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/25 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/26 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/27 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 2/28 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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| **Daily Warehouse Assessment March** | | | | | | | | | | | | | | | **2022** |
| 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 and can liners  Y or N | Floors  Y or N | Surfaces  Y or N |
| 3/1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/21 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/22 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/23 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/25 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/26 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/27 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/28 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/29 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/30 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 3/31 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

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| **Daily Warehouse Assessment April** | | | | | | | | | | | | | | | **2022** |
| 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 and can liners  Y or N | Floors  Y or N | Surfaces  Y or N |
| 4/1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/21 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/22 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/23 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/25 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/26 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/27 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/28 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/29 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 4/30 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

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| **Daily Warehouse Assessment May** | | | | | | | | | | | | | | | **2022** |
| 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 and can liners  Y or N | Floors  Y or N | Surfaces  Y or N |
| 5/1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 5/2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 5/3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 5/4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 5/5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 5/6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 5/7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 5/8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 5/9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 5/10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 5/11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 5/12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 5/13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 5/14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 5/15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 5/16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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| **Daily Warehouse Assessment June** | | | | | | | | | | | | | | | **2022** |
| 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 and can liners  Y or N | Floors  Y or N | Surfaces  Y or N |
| 6/1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 6/2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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# Dry Storage Room Assessment

Instructions to Complete

Temperatures must be recorded every day the warehouse is open1. USDA recommends temperatures are recorded every day; however, they must be recorded at least 5 out of seven days if the warehouse is closed. If food is stored in the dry storage area when school is closed for extended periods of time – summer and breaks -- the warehouse dry storage temperature must continue to be monitored daily or at minimum, 5 out of 7 days. The monitoring must be done by a person who has been properly trained on monitoring procedures and corrective actions to take in case of excessive temperature fluctuations.

More than one area might be used to store food in the operation, therefore, multiple copies of the form might need to be copied and the “location” or specific description of the storage area noted on the top of the form.

Refer to General Food Storage Information in the HACPP plan and *Part 1: Safe Food Handling* for additional information about food storage.

Date – The dates on the form are pre-filled. If temperatures are not checked on weekends, then draw a line through the remaining cells. It is very important to accurately record all information.

Observer Initials – The person who checks the temperature of the storage area must record their initials. Typically, one employee will be assigned this task; however, if another employee checks the temperature on a given day, that person should record their initials.

Temperature (oF) – The temperature of the dry storage area should be between 50 oF and 70oF. Each morning before food preparation begins, the temperature must be checked using a thermometer placed in the storage area. Write the actual temperature observed in the cell.

If your district requires both AM and PM monitoring, you may adjust this dry storage log to include additional columns to accommodate the additional monitoring on the same form; the addition of these additional monitoring columns do not require approval from the Nutrition Specialist as long as the remaining information is unchanged.

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| **July** | **2021** |

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

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

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| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
| 7/1 |  |  |  |
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| **August** | **2021** |

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

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

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| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
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| **September** | **2021** |

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

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

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| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
| 9/1 |  |  |  |
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| **October** | **2021** |

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

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

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| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
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| **November** | **2021** |

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

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

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| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
| 11/1 |  |  |  |
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| **December** | **2021** |

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

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

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| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
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| **January** | **2022** |

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

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

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| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
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| **February** | **2022** |

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

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

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| **March** | **2022** |

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

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

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| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
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| **April** | **2022** |

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

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

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| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
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| **May** | **2022** |

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

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

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| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
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| **June** | **2022** |

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

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

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| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
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# Freezer Assessment

Instructions to Complete

Temperatures must be recorded every day the warehouse is open1. USDA recommends temperatures are recorded every day; however, they must be recorded at least 5 out of 7 days if the warehouse is closed. If food is stored in the freezer when school is closed for extended periods of time – summer and breaks -- the temperature must continue to be monitored daily or at minimum, 5 out of 7 days. The monitoring must be done by a person who has been properly trained on monitoring procedures and corrective actions to take in case of freezer malfunction or failure.

More than one freezer might be in the operation, therefore, multiple copies of the form might need to be copied and the “location” or specific description of the freezer noted on the top of the form.

Refer to General Food Storage Information in the HACCP Plan and *Part 1: Safe Food Handling* for additional information about food storage.

Date – The dates on the form are pre-filled. If temperatures are not checked on weekends, then draw a line through the remaining cells. It is very important to accurately record all information.

Observer Initials – The person who checks the temperature of the freezer must record their initials. Typically, one employee will be assigned this task; however, if another employee checks the temperature on a given day, that person should record their initials.

Temperature (oF) – The ambient temperature of the freezer must be at 0oF or colder. Each morning, the temperature must be checked using an ambient air probe for a thermocouple or a thermometer placed on the top shelf just inside the door. If using a thermometer with a probe, the probe should not touch the shelf which may be colder than the air temperature. Write the actual temperature observed in the cell.

If your district requires both AM and PM monitoring, you may adjust this freezer log to include additional columns to accommodate the additional monitoring on the same form; the addition of these additional monitoring columns do not require approval from the regional Nutrition Specialist as long as the remaining information is unchanged.

1 Some districts utilize electronic alarm systems for monitoring refrigerator and/or freezer storage. The warehouse will continue manual recording for refrigerator and freezer temperatures on the monitoring logs when the facility is open. During vacations, weekends and holidays, it is acceptable to rely on the Alarm System as long as the electronic alarm system has a battery back-up to remain active during power outages. The warehouse must print the electronic log demonstrating the temperatures have been monitored by the Alarm System and attach to the corresponding HACCP monitoring before filing.

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| **July** | **2021** |

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

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| **August** | **2021** |

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

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| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
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| **September** | **2021** |

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

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| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
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| **October** | **2021** |

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

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| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
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| **November** | **2021** |

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

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| **December** | **2021** |

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

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| **January** | **2022** |

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

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| **February** | **2022** |

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

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| **March** | **2022** |

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

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| **April** | **2022** |

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

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| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
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| **May** | **2022** |

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

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| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
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| **June** | **2022** |

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

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| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
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# Refrigerator Assessment

Instructions to Complete

Temperatures must be recorded every day the warehouse is open1. USDA recommends temperatures are recorded every day; however, they must be recorded at least 5 out of 7 days if the warehouse is closed. If food is stored in the refrigerator when school is closed for extended periods of time – summer and breaks -- the temperature must continue to be monitored daily or at minimum, 5 out of 7 days. The monitoring must be done by a person who has been properly trained on monitoring procedures and corrective actions to take in case of refrigerator malfunction or failure.

More than one refrigerator might be in the operation, therefore, multiple copies of the form might need to be copied and the “location” or specific description of the Refrigerator noted on the top of the form.

Refer to General Food Storage Information in the HACCP Plan and Part 1: *Safe Food Handling* for additional information about food storage.

Date – The dates on the form are pre-filled. If temperatures are not checked on weekends, then draw a line through the remaining cells. It is very important to accurately record all information.

Observer Initials – The person who checks the temperature of the refrigerator must record their initials. Typically, one employee will be assigned this task; however, if another employee checks the temperature on a given day, that person should record their initials.

Temperature (oF) – The ambient temperature of the Refrigerator must be at 39oF or colder. Each morning, the temperature must be checked using an ambient air probe for a thermocouple or a thermometer placed on the top shelf just inside the door. If using a thermometer with a probe, the probe should not touch the shelf which may be colder than the air temperature. Write the actual temperature observed in the cell.

If your district requires both AM and PM monitoring, you may adjust this refrigerator log to include additional columns to accommodate the additional monitoring on the same form; the addition of these additional monitoring columns do not require approval from the regional Nutrition Specialist as long as the remaining information is unchanged.

1 Some districts utilize electronic alarm systems for monitoring refrigerator and/or Refrigerator storage. The warehouse will continue manual recording for refrigerator and Refrigerator temperatures on the monitoring logs when the facility is open. During vacations, weekends and holidays, it is acceptable to rely on the Alarm System as long as the electronic alarm system has a battery back-up to remain active during power outages. The warehouse must print the electronic log demonstrating temperatures have been monitored by the Alarm System and attach to the corresponding monitoring log before filing.

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| **July** | **2021** |

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

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| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
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| **August** | **2021** |

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

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| **September** | **2021** |

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

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| **October** | **2021** |

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

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| **November** | **2021** |

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

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| **December** | **2021** |

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

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| **January** | **2022** |

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

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| **February** | **2022** |

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

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| **March** | **2022** |

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

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| **April** | **2022** |

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

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| **May** | **2022** |

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| **June** | **2022** |

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

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# Monthly Food Safety Inspection Forms

The monthly Food Safety Inspection is a series of four weekly forms and a pest control monitoring form. It is recommended one form is completed each week with the pest control form being completed at any time during the month.

Directions: Complete these checklists 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.

You are not required to complete checklists for items not applying to your facility.

If there are only certain items on a form which do not apply, mark only those items as not applicable (N/A). For example, if you do not store and distribute refrigerated items, you would not complete the form or questions related to refrigerated storage.

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| **July** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | **July,** |  | **2021** |

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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 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. |  |  |

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| **July** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | July, |  | 2021 |

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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 | 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. |  |  |

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| **July** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | July, |  | 2021 |

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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 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. |  |  |

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| **July** | **2021** |

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.

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| **Signature of Responsible Person:** | |  | | | | |
| **Date Inspection Completed:** | | **July,** |  | **2021** | | |
| **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. | | | |  |  |

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| **July** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | **July,** |  | **2021** |

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| **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. | |  | |  | |

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| **August** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | **August,** |  | **2021** |

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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 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. |  |  |

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| **August** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | August, |  | 2021 |

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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 | 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. |  |  |

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| **August** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | August, |  | 2021 |

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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 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. |  |  |

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| **August** | **2021** |

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.

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| **Signature of Responsible Person:** | |  | | | | |
| **Date Inspection Completed:** | | **August,** |  | **2021** | | |
| **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. | | | |  |  |

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| **August** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | **August,** |  | **2021** |

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| --- | --- | --- | --- | --- | --- | --- |
| **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. | |  | |  | |

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| **September** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | **September,** |  | **2021** |

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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 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. |  |  |

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| **September** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | September, |  | 2021 |

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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 | 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. |  |  |

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| **September** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | September, |  | 2021 |

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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 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. |  |  |

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| **September** | **2021** |

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.

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| **Signature of Responsible Person:** | | |  | | | | |
| **Date Inspection Completed:** | | **September,** | |  | | **2021** | |
| **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. | | | |  | |  |

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| **September** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | **September,** |  | **2021** |

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| --- | --- | --- | --- | --- | --- | --- |
| **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. | |  | |  | |

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| **October** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | **October,** |  | **2021** |

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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 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. |  |  |

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| **October** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | October, |  | 2021 |

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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 | 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. |  |  |

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| --- | --- |
| **October** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | October, |  | 2021 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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. |  |  |

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| **October** | **2021** |

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.

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| --- | --- | --- | --- | --- | --- | --- |
| **Signature of Responsible Person:** | |  | | | | |
| **Date Inspection Completed:** | | **October,** |  | **2021** | | |
| **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. | | | |  |  |

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| **October** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | **October,** |  | **2021** |

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| --- | --- | --- | --- | --- | --- | --- |
| **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. | |  | |  | |

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| **November** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | **November,** |  | **2021** |

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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 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. |  |  |

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| **November** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | November, |  | 2021 |

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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 | 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. |  |  |

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| **November** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | November, |  | 2021 |

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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 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. |  |  |

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| **November** | **2021** |

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.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Signature of Responsible Person:** | | |  | | | | |
| **Date Inspection Completed:** | | **November,** | |  | | **2021** | |
| **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. | | | |  | |  |

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| **November** | **2021** |

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.

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| --- | --- | --- | --- |
| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | **November,** |  | **2021** |

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| --- | --- | --- | --- | --- | --- | --- |
| **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. | |  | |  | |

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| **December** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | **December,** |  | **2021** |

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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 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. |  |  |

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| **December** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | December, |  | 2021 |

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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 | 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. |  |  |

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| **December** | **2021** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | December, |  | 2021 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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. |  |  |

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| **December** | **2021** |

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:** | | **December,** | |  | **2021** | |
| **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. | | | |  |  |

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| **December** | **2021** |

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.

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| --- | --- | --- | --- |
| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | **December,** |  | **2021** |

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| --- | --- | --- | --- | --- | --- | --- |
| **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. | |  | |  | |

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| **January** | **2022** |

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:** | **January,** |  | **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. |  |  |

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| **January** | **2022** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | January, |  | 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 | 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. |  |  |

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| **January** | **2022** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | January, |  | 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 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. |  |  |

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| **January** | **2022** |

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.

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| --- | --- | --- | --- | --- | --- | --- |
| **Signature of Responsible Person:** | |  | | | | |
| **Date Inspection Completed:** | | **January,** |  | **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. | | | |  |  |

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| **January** | **2022** |

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.

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

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| --- | --- | --- | --- | --- | --- | --- |
| **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. | |  | |  | |

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| **February** | **2022** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | **February,** |  | **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. |  |  |

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| **February** | **2022** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | February, |  | 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 | 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. |  |  |

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| **February** | **2022** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | February, |  | 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 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. |  |  |

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| **February** | **2022** |

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.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Signature of Responsible Person:** | | |  | | | | |
| **Date Inspection Completed:** | | **February,** | |  | **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. | | | | |  |  |

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| **February** | **2022** |

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.

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

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| --- | --- | --- | --- | --- | --- | --- |
| **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. | |  | |  | |

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| **March** | **2022** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | **March,** |  | **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. |  |  |

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| **March** | **2022** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | March, |  | 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 | 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. |  |  |

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| **March** | **2022** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | March, |  | 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. |  |  |

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| **March** | **2022** |

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.

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| --- | --- | --- | --- | --- | --- | --- |
| **Signature of Responsible Person:** | |  | | | | |
| **Date Inspection Completed:** | | **March,** |  | **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. | | | |  |  |

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| **March** | **2022** |

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.

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

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| **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. | |  | |  | |

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| **April** | **2022** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | **April,** |  | **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 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. |  |  |

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| **April** | **2022** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | April, |  | 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 | 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. |  |  |

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| **April** | **2022** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | April, |  | 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 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. |  |  |

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| **April** | **2022** |

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.

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| --- | --- | --- | --- | --- | --- | --- |
| **Signature of Responsible Person:** | |  | | | | |
| **Date Inspection Completed:** | | **April,** |  | **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. | | | |  |  |

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| **April** | **2022** |

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.

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

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| --- | --- | --- | --- | --- | --- | --- |
| **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. | |  | |  | |

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| **May** | **2022** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | **May,** |  | **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. |  |  |

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| **May** | **2022** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | May, |  | 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 | 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. |  |  |

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| **May** | **2022** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | May, |  | 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. |  |  |

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| **May** | **2022** |

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.

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| --- | --- | --- | --- | --- | --- | --- |
| **Signature of Responsible Person:** | |  | | | | |
| **Date Inspection Completed:** | | **May,** |  | **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. | | | |  |  |

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| **May** | **2022** |

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.

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

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| --- | --- | --- | --- | --- | --- | --- |
| **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. | |  | |  | |

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| **June** | **2022** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | **June,** |  | **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 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. |  |  |

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| **June** | **2022** |

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.

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| **Signature of Responsible Person:** |  | | |
| **Date Inspection Completed:** | June, |  | 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 | 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. |  |  |

|  |  |
| --- | --- |
| **June** | **2022** |

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:** | June, |  | 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. |  |  |

|  |  |
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| **June** | **2022** |

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:** | | **June,** |  | **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. | | | |  |  |

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| **June** | **2022** |

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:** | **June,** |  | **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. | |  | |  | |

# Employee Illness Monitoring Log

Instructions to Complete

When employees report an illness, complete the information on the attached Employee illness monitoring log. It is not necessary to use a different page for each day or for each employee. **Keep the log stored in the location indicated on the *Part 3: Monitoring and Record Keeping Summary*.** Continue to use the page for the entire school year or until it is filled.

**Employee Name –** Write the name of the employee reporting the illness.

**Nature of Illness** – Check the type of illness reported by the employee.

**Date and Time of Report** – Note the date (i.e. 3/14/12) and time (i.e. 6:15 AM) the employee reports the illness.

**Action Taken** - Use the illness Guide in Part 1: Prerequisite Programs, Appendix A to determine the appropriate action about allowing the employee to work. Check the type of action taken.

**Date and Time of Return** - Note the date (i.e. 3/16/12) and time (i.e. 7:40 AM) the employee returns to work.

EMPLOYEE ILLNESS MONITORING LOG

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Employee | Nature of Illness | Date and Time of Report | \*Action Taken | Date and Time of Return |
|  | * Diarrhea * Vomiting * Jaundice * Sore throat w/ fever * Infected wounds |  | * No work restrictions * Restricted duties * Excluded from work |  |
|  | * Diarrhea * Vomiting * Jaundice * Sore throat w/ fever * Infected wounds |  | * No work restrictions * Restricted duties * Excluded from work |  |
|  | * Diarrhea * Vomiting * Jaundice * Sore throat w/ fever * Infected wounds |  | * No work restrictions * Restricted duties * Excluded from work |  |
|  | * Diarrhea * Vomiting * Jaundice * Sore throat w/ fever * Infected wounds |  | * No work restrictions * Restricted duties * Excluded from work |  |
|  | * Diarrhea * Vomiting * Jaundice * Sore throat w/ fever * Infected wounds |  | * No work restrictions * Restricted duties * Excluded from work |  |
|  | * Diarrhea * Vomiting * Jaundice * Sore throat w/ fever * Infected wounds |  | * No work restrictions * Restricted duties * Excluded from work |  |
|  | * Diarrhea * Vomiting * Jaundice * Sore throat w/ fever * Infected wounds |  | * No work restrictions * Restricted duties * Excluded from work |  |
|  | * Diarrhea * Vomiting * Jaundice * Sore throat w/ fever * Infected wounds |  | * No work restrictions * Restricted duties * Excluded from work |  |
|  | * Diarrhea * Vomiting * Jaundice * Sore throat w/ fever * Infected wounds |  | * No work restrictions * Restricted duties * Excluded from work |  |

\*Use the Illness Guide in Part 1: Prerequisite Programs, Appendix A to determine the appropriate action.