# 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 facility. Complete only the forms for effectively monitoring the type of food service used at your facility. For example, if your facility does not have a freezer, completion of the freezer 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](#_Toc490666080)

[Daily Dry Storage Area Assessment 3](#_Toc490666081)

[Daily Freezer Assessment - Reach-In Units 16](#_Toc490666082)

[Daily Kitchen Assessment Form 29](#_Toc490666083)

[Daily Refrigerator Assessment – Reach-In Units 43](#_Toc490666084)

[Monthly Food Safety Inspection Forms 56](#_Toc490666085)

[Employee Illness Monitoring Log 117](#_Toc490666086)

[Foodborne Illness Complaint Form 119](#_Toc490666087)

# Monitoring and Record Keeping Summary

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **MONITORING FORMS** | **RESPONSIBLE PERSON(S)1** | **STORAGE LOCATION 2** | **HOW LONG TO KEEP 3** |
| Daily -- Production Record |  |  | Three years |
| Daily – Dry Storage |  |  | Three years |
| Daily – Freezer Assessment(s) |  |  | Three years |
| Daily – Kitchen Assessment |  |  | Three years |
| Daily – Refrigerator Assessment(s) |  |  | Three years |
| Monthly -- Series of four inspection sheets4 |  |  | 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 and Professional Development | Three years |

1 In many school nutrition 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 locations must be the specific place the official records can be found – black filing cabinet second drawer, bottom drawer of desk in cafeteria manager’s office, or Monitoring Section of the HACCP Plan, etc.

3 All School Nutrition Program information must be kept for *at least* 3 years plus the current year. If your SFA requires forms to be 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 of 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 to determine the standard is being met. Nearly all the standards monitored “as needed” are recorded on other forms currently in use. Here is a list of the other forms used to record information about standards monitored on an “as needed” basis. Please complete the following table.

|  |  |  |  |
| --- | --- | --- | --- |
| **MONITORING FORMS** | **RESPONSIBLE PERSON(S)1** | **STORAGE LOCATION 2** | **HOW LONG TO KEEP 3** |
| Employee Illness Log (s) | Manager or Person in Charge (PIC) |  | Three years |
| Reports from the health department for employee diagnosed with foodborne illness5 |  |  | Three years |
| Food Safety Checklist for New Employees6 |  | With Part 4: Continuing Education and Professional Development | Until no longer employed |
| Pest Control Reports from Pest Management Professional (PMP)7 |  |  | Three years |
| Purchasing and Receiving Delivery Invoices/Delivery Tickets8 |  |  | Three years |
| Environmental Health Inspection Reports |  | With Part 2: Operation Assessment | Three years |
| Foodborne Illness Complaint Form(s) |  |  | Three years |
| Non-domestic foods list9 |  |  | Three years |

5 Information shared by the health department about individuals’ employee health must not be shared with any employees as this would be a violation of one’s right for privacy. The cafeteria manager and/or the PIC or are only allowed sharing of this information with their immediate supervisor, such as the Area Supervisor or School Nutrition Director.

6 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 Continuing Education section. The most recent Food Safety Checklists completed for each employee should be kept if the employee remains on the job. Other School nutrition records should be kept, at minimum, for three years plus the current year.

7 In some facilities, the principal will keep these pest management records, if so note the responsible person as Principal and cite the location as the Main Facility Office.

8 In some facilities, invoices/delivery tickets are returned to the SFA central office so there is no record at the facility; the record is stored at the SFA central office. If this is the case, note this on the table above.

9 Post the approved non-domestic foods list in the kitchen or file the list in an accessible location in the manager’s office.

# Daily Dry Storage Area Assessment

Instructions to Complete

Temperatures must be recorded every day the facility is open1. USDA recommends temperatures are recorded every day; however, they must be recorded at least 5 out of seven days if facility is closed. If food is stored in the dry storage area when facility 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 excessive temperature fluctuations.

It is recommended this form be completed in the morning before food preparation begins. Also, 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 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 all information is accurately recorded.

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, then 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 if the remaining information is unchanged.

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
| 7/1 |  |  |  |
| 7/2 |  |  |  |
| 7/3 |  |  |  |
| 7/4 |  |  |  |
| 7/5 |  |  |  |
| 7/6 |  |  |  |
| 7/7 |  |  |  |
| 7/8 |  |  |  |
| 7/9 |  |  |  |
| 7/10 |  |  |  |
| 7/11 |  |  |  |
| 7/12 |  |  |  |
| 7/13 |  |  |  |
| 7/14 |  |  |  |
| 7/15 |  |  |  |
| 7/16 |  |  |  |
| 7/17 |  |  |  |
| 7/18 |  |  |  |
| 7/19 |  |  |  |
| 7/20 |  |  |  |
| 7/21 |  |  |  |
| 7/22 |  |  |  |
| 7/23 |  |  |  |
| 7/24 |  |  |  |
| 7/25 |  |  |  |
| 7/26 |  |  |  |
| 7/27 |  |  |  |
| 7/28 |  |  |  |
| 7/29 |  |  |  |
| 7/30 |  |  |  |
| 7/31 |  |  |  |

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
| 8/1 |  |  |  |
| 8/2 |  |  |  |
| 8/3 |  |  |  |
| 8/4 |  |  |  |
| 8/5 |  |  |  |
| 8/6 |  |  |  |
| 8/7 |  |  |  |
| 8/8 |  |  |  |
| 8/9 |  |  |  |
| 8/10 |  |  |  |
| 8/11 |  |  |  |
| 8/12 |  |  |  |
| 8/13 |  |  |  |
| 8/14 |  |  |  |
| 8/15 |  |  |  |
| 8/16 |  |  |  |
| 8/17 |  |  |  |
| 8/18 |  |  |  |
| 8/19 |  |  |  |
| 8/20 |  |  |  |
| 8/21 |  |  |  |
| 8/22 |  |  |  |
| 8/23 |  |  |  |
| 8/24 |  |  |  |
| 8/25 |  |  |  |
| 8/26 |  |  |  |
| 8/27 |  |  |  |
| 8/28 |  |  |  |
| 8/29 |  |  |  |
| 8/30 |  |  |  |
| 8/31 |  |  |  |

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
| 9/1 |  |  |  |
| 9/2 |  |  |  |
| 9/3 |  |  |  |
| 9/4 |  |  |  |
| 9/5 |  |  |  |
| 9/6 |  |  |  |
| 9/7 |  |  |  |
| 9/8 |  |  |  |
| 9/9 |  |  |  |
| 9/10 |  |  |  |
| 9/11 |  |  |  |
| 9/12 |  |  |  |
| 9/13 |  |  |  |
| 9/14 |  |  |  |
| 9/15 |  |  |  |
| 9/16 |  |  |  |
| 9/17 |  |  |  |
| 9/18 |  |  |  |
| 9/19 |  |  |  |
| 9/20 |  |  |  |
| 9/21 |  |  |  |
| 9/22 |  |  |  |
| 9/23 |  |  |  |
| 9/24 |  |  |  |
| 9/25 |  |  |  |
| 9/26 |  |  |  |
| 9/27 |  |  |  |
| 9/28 |  |  |  |
| 9/29 |  |  |  |
| 9/30 |  |  |  |

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
| 10/1 |  |  |  |
| 10/2 |  |  |  |
| 10/3 |  |  |  |
| 10/4 |  |  |  |
| 10/5 |  |  |  |
| 10/6 |  |  |  |
| 10/7 |  |  |  |
| 10/8 |  |  |  |
| 10/9 |  |  |  |
| 10/10 |  |  |  |
| 10/11 |  |  |  |
| 10/12 |  |  |  |
| 10/13 |  |  |  |
| 10/14 |  |  |  |
| 10/15 |  |  |  |
| 10/16 |  |  |  |
| 10/17 |  |  |  |
| 10/18 |  |  |  |
| 10/19 |  |  |  |
| 10/20 |  |  |  |
| 10/21 |  |  |  |
| 10/22 |  |  |  |
| 10/23 |  |  |  |
| 10/24 |  |  |  |
| 10/25 |  |  |  |
| 10/26 |  |  |  |
| 10/27 |  |  |  |
| 10/28 |  |  |  |
| 10/29 |  |  |  |
| 10/30 |  |  |  |
| 10/31 |  |  |  |

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
| 11/1 |  |  |  |
| 11/2 |  |  |  |
| 11/3 |  |  |  |
| 11/4 |  |  |  |
| 11/5 |  |  |  |
| 11/6 |  |  |  |
| 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 |  |  |  |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
| 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 |  |  |  |
| 5/17 |  |  |  |
| 5/18 |  |  |  |
| 5/19 |  |  |  |
| 5/20 |  |  |  |
| 5/21 |  |  |  |
| 5/22 |  |  |  |
| 5/23 |  |  |  |
| 5/24 |  |  |  |
| 5/25 |  |  |  |
| 5/26 |  |  |  |
| 5/27 |  |  |  |
| 5/28 |  |  |  |
| 5/29 |  |  |  |
| 5/30 |  |  |  |
| 5/31 |  |  |  |

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
| 6/1 |  |  |  |
| 6/2 |  |  |  |
| 6/3 |  |  |  |
| 6/4 |  |  |  |
| 6/5 |  |  |  |
| 6/6 |  |  |  |
| 6/7 |  |  |  |
| 6/8 |  |  |  |
| 6/9 |  |  |  |
| 6/10 |  |  |  |
| 6/11 |  |  |  |
| 6/12 |  |  |  |
| 6/13 |  |  |  |
| 6/14 |  |  |  |
| 6/15 |  |  |  |
| 6/16 |  |  |  |
| 6/17 |  |  |  |
| 6/18 |  |  |  |
| 6/19 |  |  |  |
| 6/20 |  |  |  |
| 6/21 |  |  |  |
| 6/22 |  |  |  |
| 6/23 |  |  |  |
| 6/24 |  |  |  |
| 6/25 |  |  |  |
| 6/26 |  |  |  |
| 6/27 |  |  |  |
| 6/28 |  |  |  |
| 6/29 |  |  |  |
| 6/30 |  |  |  |

# Daily Freezer Assessment - Reach-In Units

Instructions to Complete

Temperatures must be recorded every day the facility is open1. USDA recommends temperatures are recorded every day; however, they must be recorded at least 5 out of 7 days if facility is closed. If food is stored in the freezer when facility 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.

It is recommended this form be completed in the morning before food preparation begins. Also, 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 all information is accurately recorded.

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, then that person should record their initials.

Temperature (oF) – The ambient temperature of the freezer must be at 0oF or colder. Each morning before food preparation begins, 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 SFA 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 Nutrition Specialist if the remaining information is unchanged.

1 Some schools utilize electronic alarm systems for monitoring refrigerator and/or freezer storage. Schools will continue manual recording for refrigerator and freezer temperatures on the monitoring logs when school is open. During vacations, weekends and holidays, it is acceptable to rely on the Alarm System if the electronic alarm system has a battery back-up to remain active during power outages. USDA recommends, as best practice, schools check regularly (maybe weekly) to ensure the electronic system is working properly. The manager/PIC or designee must print the electronic log demonstrating temperatures have been monitored by the Alarm System and attach to the corresponding monitoring log before filing.

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
| 7/1 |  |  |  |
| 7/2 |  |  |  |
| 7/3 |  |  |  |
| 7/4 |  |  |  |
| 7/5 |  |  |  |
| 7/6 |  |  |  |
| 7/7 |  |  |  |
| 7/8 |  |  |  |
| 7/9 |  |  |  |
| 7/10 |  |  |  |
| 7/11 |  |  |  |
| 7/12 |  |  |  |
| 7/13 |  |  |  |
| 7/14 |  |  |  |
| 7/15 |  |  |  |
| 7/16 |  |  |  |
| 7/17 |  |  |  |
| 7/18 |  |  |  |
| 7/19 |  |  |  |
| 7/20 |  |  |  |
| 7/21 |  |  |  |
| 7/22 |  |  |  |
| 7/23 |  |  |  |
| 7/24 |  |  |  |
| 7/25 |  |  |  |
| 7/26 |  |  |  |
| 7/27 |  |  |  |
| 7/28 |  |  |  |
| 7/29 |  |  |  |
| 7/30 |  |  |  |
| 7/31 |  |  |  |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
| 8/1 |  |  |  |
| 8/2 |  |  |  |
| 8/3 |  |  |  |
| 8/4 |  |  |  |
| 8/5 |  |  |  |
| 8/6 |  |  |  |
| 8/7 |  |  |  |
| 8/8 |  |  |  |
| 8/9 |  |  |  |
| 8/10 |  |  |  |
| 8/11 |  |  |  |
| 8/12 |  |  |  |
| 8/13 |  |  |  |
| 8/14 |  |  |  |
| 8/15 |  |  |  |
| 8/16 |  |  |  |
| 8/17 |  |  |  |
| 8/18 |  |  |  |
| 8/19 |  |  |  |
| 8/20 |  |  |  |
| 8/21 |  |  |  |
| 8/22 |  |  |  |
| 8/23 |  |  |  |
| 8/24 |  |  |  |
| 8/25 |  |  |  |
| 8/26 |  |  |  |
| 8/27 |  |  |  |
| 8/28 |  |  |  |
| 8/29 |  |  |  |
| 8/30 |  |  |  |
| 8/31 |  |  |  |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
| 9/1 |  |  |  |
| 9/2 |  |  |  |
| 9/3 |  |  |  |
| 9/4 |  |  |  |
| 9/5 |  |  |  |
| 9/6 |  |  |  |
| 9/7 |  |  |  |
| 9/8 |  |  |  |
| 9/9 |  |  |  |
| 9/10 |  |  |  |
| 9/11 |  |  |  |
| 9/12 |  |  |  |
| 9/13 |  |  |  |
| 9/14 |  |  |  |
| 9/15 |  |  |  |
| 9/16 |  |  |  |
| 9/17 |  |  |  |
| 9/18 |  |  |  |
| 9/19 |  |  |  |
| 9/20 |  |  |  |
| 9/21 |  |  |  |
| 9/22 |  |  |  |
| 9/23 |  |  |  |
| 9/24 |  |  |  |
| 9/25 |  |  |  |
| 9/26 |  |  |  |
| 9/27 |  |  |  |
| 9/28 |  |  |  |
| 9/29 |  |  |  |
| 9/30 |  |  |  |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
| 10/1 |  |  |  |
| 10/2 |  |  |  |
| 10/3 |  |  |  |
| 10/4 |  |  |  |
| 10/5 |  |  |  |
| 10/6 |  |  |  |
| 10/7 |  |  |  |
| 10/8 |  |  |  |
| 10/9 |  |  |  |
| 10/10 |  |  |  |
| 10/11 |  |  |  |
| 10/12 |  |  |  |
| 10/13 |  |  |  |
| 10/14 |  |  |  |
| 10/15 |  |  |  |
| 10/16 |  |  |  |
| 10/17 |  |  |  |
| 10/18 |  |  |  |
| 10/19 |  |  |  |
| 10/20 |  |  |  |
| 10/21 |  |  |  |
| 10/22 |  |  |  |
| 10/23 |  |  |  |
| 10/24 |  |  |  |
| 10/25 |  |  |  |
| 10/26 |  |  |  |
| 10/27 |  |  |  |
| 10/28 |  |  |  |
| 10/29 |  |  |  |
| 10/30 |  |  |  |
| 10/31 |  |  |  |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
| 11/1 |  |  |  |
| 11/2 |  |  |  |
| 11/3 |  |  |  |
| 11/4 |  |  |  |
| 11/5 |  |  |  |
| 11/6 |  |  |  |
| 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 |  |  |  |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
| 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 |  |  |  |
| 5/17 |  |  |  |
| 5/18 |  |  |  |
| 5/19 |  |  |  |
| 5/20 |  |  |  |
| 5/21 |  |  |  |
| 5/22 |  |  |  |
| 5/23 |  |  |  |
| 5/24 |  |  |  |
| 5/25 |  |  |  |
| 5/26 |  |  |  |
| 5/27 |  |  |  |
| 5/28 |  |  |  |
| 5/29 |  |  |  |
| 5/30 |  |  |  |
| 5/31 |  |  |  |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Corrective Actions** |
| 6/1 |  |  |  |
| 6/2 |  |  |  |
| 6/3 |  |  |  |
| 6/4 |  |  |  |
| 6/5 |  |  |  |
| 6/6 |  |  |  |
| 6/7 |  |  |  |
| 6/8 |  |  |  |
| 6/9 |  |  |  |
| 6/10 |  |  |  |
| 6/11 |  |  |  |
| 6/12 |  |  |  |
| 6/13 |  |  |  |
| 6/14 |  |  |  |
| 6/15 |  |  |  |
| 6/16 |  |  |  |
| 6/17 |  |  |  |
| 6/18 |  |  |  |
| 6/19 |  |  |  |
| 6/20 |  |  |  |
| 6/21 |  |  |  |
| 6/22 |  |  |  |
| 6/23 |  |  |  |
| 6/24 |  |  |  |
| 6/25 |  |  |  |
| 6/26 |  |  |  |
| 6/27 |  |  |  |
| 6/28 |  |  |  |
| 6/29 |  |  |  |
| 6/30 |  |  |  |

# Daily Kitchen Assessment

**Instructions to Complete**

The Daily Kitchen Assessment Form must be completed each day the School Nutrition Program operates. It is recommended to complete the sections of the form related to sanitizing in the morning before food preparation begins; the sections for cleanup should be completed at the end of the day.

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

Observer Initials – The person who monitors must record their initials. Typically, one employee will be assigned this task; however, if another employee completes the monitoring on a given day, then that person should record their initials.

**Hand Sinks**

The daily hand sink assessment must be completed each day the kitchen operates. It is recommended this form be completed in the morning before food preparation begins.

* All Employee hand sinks used while preparing food must be monitored.
* If there are more than five sinks associated with the kitchen, additional copies of this form must be copied and completed.

**Water oF (W)**

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 (S)**

* All hand sinks must have liquid, powder, or bar soap.
* Check the soap dispensers at all hand sinks. If soap is available, mark “Y”, if no, mark “N.”

**Towels and Tissue (T)**

* All hand sinks must have single-use paper towels, a working air dryer, or a continuous towel system supplying the user with a clean towel.
* Restrooms must also be stocked with 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.”

**Dish Sink Set-up (ppm)** – the dish sink should be set-up each morning. If a chemical sanitizer is used, the concentration must be checked using appropriate test strips. If the concentration is in the correct range, then record the ppm in this cell. If not, add more sanitizer to the sink and note this in the corrective actions column. If the three-compartment sink is refilled more than once during the day, the sanitizer concentration must be checked to ensure correct concentration but not recorded. If a booster heater is used, note the temperature of the final rinse water in the third compartment sink.

**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.

**Clean-up** – these items serve as a reminder of general sanitation practices to be completed before leaving the facility. Mark each item 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.
* **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 *Part1: Corrective Actions*.

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

**Daily Kitchen Assessment**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Observer Initials | Kitchen Hand Sink / Employee Restroom | | | Dish Sink Sanitizing Set-up | Wipe/ Spray on sanitizer | Clean -up | | | Corrective Actions | | |
| W | S | T/T | \*F or ppm | (ppm) | Trash  Y or N | Floors  Y or N | Surfaces  Y or N |
| 7/1 |  |  |  |  |  |  |  |  |  |  | | |
| 7/2 |  |  |  |  |  |  |  |  |  |  | | |
| 7/3 |  |  |  |  |  |  |  |  |  |  | | |
| 7/4 |  |  |  |  |  |  |  |  |  |  | | |
| 7/5 |  |  |  |  |  |  |  |  |  |  | | |
| 7/6 |  |  |  |  |  |  |  |  |  |  | | |
| 7/7 |  |  |  |  |  |  |  |  |  |  | | |
| 7/8 |  |  |  |  |  |  |  |  |  |  | | |
| 7/9 |  |  |  |  |  |  |  |  |  |  | | |
| 7/10 |  |  |  |  |  |  |  |  |  |  | | |
| 7/11 |  |  |  |  |  |  |  |  |  |  | | |
| 7/12 |  |  |  |  |  |  |  |  |  |  | | |
| 7/13 |  |  |  |  |  |  |  |  |  |  | | |
| 7/14 |  |  |  |  |  |  |  |  |  |  | | |
| 7/15 |  |  |  |  |  |  |  |  |  |  | | |
| 7/16 |  |  |  |  |  |  |  |  |  |  | | |
| 7/17 |  |  |  |  |  |  |  |  |  |  | | |
| 7/18 |  |  |  |  |  |  |  |  |  |  | | |
| 7/19 |  |  |  |  |  |  |  |  |  |  | | |
| 7/20 |  |  |  |  |  |  |  |  |  |  | | |
| 7/21 |  |  |  |  |  |  |  |  |  |  | | |
| 7/22 |  |  |  |  |  |  |  |  |  |  | | |
| 7/23 |  |  |  |  |  |  |  |  |  |  | | |
| 7/24 |  |  |  |  |  |  |  |  |  |  | | |
| 7/25 |  |  |  |  |  |  |  |  |  |  | | |
| 7/26 |  |  |  |  |  |  |  |  |  |  | | |
| 7/27 |  |  |  |  |  |  |  |  |  |  | | |
| 7/28 |  |  |  |  |  |  |  |  |  |  | | |
| 7/29 |  |  |  |  |  |  |  |  |  |  | | |
| 7/30 |  |  |  |  |  |  |  |  |  |  | | |
| 7/31 |  |  |  |  |  |  |  |  |  |  | | |
| **August** | | | | | | | | | | | | **2021** |

**Daily Kitchen Assessment**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Observer Initials | Kitchen Hand Sink / Employee Restroom | | | Dish Sink Sanitizing Set-up | Wipe/ Spray on sanitizer | Clean -up | | | Corrective Actions |
| W | S | T/T | \*F or ppm | (ppm) | Trash  Y or N | Floors  Y or N | Surfaces  Y or N |
| 8/1 |  |  |  |  |  |  |  |  |  |  |
| 8/2 |  |  |  |  |  |  |  |  |  |  |
| 8/3 |  |  |  |  |  |  |  |  |  |  |
| 8/4 |  |  |  |  |  |  |  |  |  |  |
| 8/5 |  |  |  |  |  |  |  |  |  |  |
| 8/6 |  |  |  |  |  |  |  |  |  |  |
| 8/7 |  |  |  |  |  |  |  |  |  |  |
| 8/8 |  |  |  |  |  |  |  |  |  |  |
| 8/9 |  |  |  |  |  |  |  |  |  |  |
| 8/10 |  |  |  |  |  |  |  |  |  |  |
| 8/11 |  |  |  |  |  |  |  |  |  |  |
| 8/12 |  |  |  |  |  |  |  |  |  |  |
| 8/13 |  |  |  |  |  |  |  |  |  |  |
| 8/14 |  |  |  |  |  |  |  |  |  |  |
| 8/15 |  |  |  |  |  |  |  |  |  |  |
| 8/16 |  |  |  |  |  |  |  |  |  |  |
| 8/17 |  |  |  |  |  |  |  |  |  |  |
| 8/18 |  |  |  |  |  |  |  |  |  |  |
| 8/19 |  |  |  |  |  |  |  |  |  |  |
| 8/20 |  |  |  |  |  |  |  |  |  |  |
| 8/21 |  |  |  |  |  |  |  |  |  |  |
| 8/22 |  |  |  |  |  |  |  |  |  |  |
| 8/23 |  |  |  |  |  |  |  |  |  |  |
| 8/24 |  |  |  |  |  |  |  |  |  |  |
| 8/25 |  |  |  |  |  |  |  |  |  |  |
| 8/26 |  |  |  |  |  |  |  |  |  |  |
| 8/27 |  |  |  |  |  |  |  |  |  |  |
| 8/28 |  |  |  |  |  |  |  |  |  |  |
| 8/29 |  |  |  |  |  |  |  |  |  |  |
| 8/30 |  |  |  |  |  |  |  |  |  |  |
| 8/31 |  |  |  |  |  |  |  |  |  |  |

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

**Daily Kitchen Assessment**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Observer Initials | Kitchen Hand Sink / Employee Restroom | | | Dish Sink Sanitizing Set-up | Wipe/ Spray on sanitizer | Clean -up | | | Corrective Actions |
| W | S | T/T | \*F or ppm | (ppm) | Trash  Y or N | Floors  Y or N | Surfaces  Y or N |
| 9/1 |  |  |  |  |  |  |  |  |  |  |
| 9/2 |  |  |  |  |  |  |  |  |  |  |
| 9/3 |  |  |  |  |  |  |  |  |  |  |
| 9/4 |  |  |  |  |  |  |  |  |  |  |
| 9/5 |  |  |  |  |  |  |  |  |  |  |
| 9/6 |  |  |  |  |  |  |  |  |  |  |
| 9/7 |  |  |  |  |  |  |  |  |  |  |
| 9/8 |  |  |  |  |  |  |  |  |  |  |
| 9/9 |  |  |  |  |  |  |  |  |  |  |
| 9/10 |  |  |  |  |  |  |  |  |  |  |
| 9/11 |  |  |  |  |  |  |  |  |  |  |
| 9/12 |  |  |  |  |  |  |  |  |  |  |
| 9/13 |  |  |  |  |  |  |  |  |  |  |
| 9/14 |  |  |  |  |  |  |  |  |  |  |
| 9/15 |  |  |  |  |  |  |  |  |  |  |
| 9/16 |  |  |  |  |  |  |  |  |  |  |
| 9/17 |  |  |  |  |  |  |  |  |  |  |
| 9/18 |  |  |  |  |  |  |  |  |  |  |
| 9/19 |  |  |  |  |  |  |  |  |  |  |
| 9/20 |  |  |  |  |  |  |  |  |  |  |
| 9/21 |  |  |  |  |  |  |  |  |  |  |
| 9/22 |  |  |  |  |  |  |  |  |  |  |
| 9/23 |  |  |  |  |  |  |  |  |  |  |
| 9/24 |  |  |  |  |  |  |  |  |  |  |
| 9/25 |  |  |  |  |  |  |  |  |  |  |
| 9/26 |  |  |  |  |  |  |  |  |  |  |
| 9/27 |  |  |  |  |  |  |  |  |  |  |
| 9/28 |  |  |  |  |  |  |  |  |  |  |
| 9/29 |  |  |  |  |  |  |  |  |  |  |
| 9/30 |  |  |  |  |  |  |  |  |  |  |

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

**Daily Kitchen Assessment**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Observer Initials | Kitchen Hand Sink / Employee Restroom | | | Dish Sink Sanitizing Set-up | Wipe/ Spray on sanitizer | Clean -up | | | Corrective Actions |
| W | S | T/T | \*F or ppm | (ppm) | Trash  Y or N | Floors  Y or N | Surfaces  Y or N |
| 10/1 |  |  |  |  |  |  |  |  |  |  |
| 10/2 |  |  |  |  |  |  |  |  |  |  |
| 10/3 |  |  |  |  |  |  |  |  |  |  |
| 10/4 |  |  |  |  |  |  |  |  |  |  |
| 10/5 |  |  |  |  |  |  |  |  |  |  |
| 10/6 |  |  |  |  |  |  |  |  |  |  |
| 10/7 |  |  |  |  |  |  |  |  |  |  |
| 10/8 |  |  |  |  |  |  |  |  |  |  |
| 10/9 |  |  |  |  |  |  |  |  |  |  |
| 10/10 |  |  |  |  |  |  |  |  |  |  |
| 10/11 |  |  |  |  |  |  |  |  |  |  |
| 10/12 |  |  |  |  |  |  |  |  |  |  |
| 10/13 |  |  |  |  |  |  |  |  |  |  |
| 10/14 |  |  |  |  |  |  |  |  |  |  |
| 10/15 |  |  |  |  |  |  |  |  |  |  |
| 10/16 |  |  |  |  |  |  |  |  |  |  |
| 10/17 |  |  |  |  |  |  |  |  |  |  |
| 10/18 |  |  |  |  |  |  |  |  |  |  |
| 10/19 |  |  |  |  |  |  |  |  |  |  |
| 10/20 |  |  |  |  |  |  |  |  |  |  |
| 10/21 |  |  |  |  |  |  |  |  |  |  |
| 10/22 |  |  |  |  |  |  |  |  |  |  |
| 10/23 |  |  |  |  |  |  |  |  |  |  |
| 10/24 |  |  |  |  |  |  |  |  |  |  |
| 10/25 |  |  |  |  |  |  |  |  |  |  |
| 10/26 |  |  |  |  |  |  |  |  |  |  |
| 10/27 |  |  |  |  |  |  |  |  |  |  |
| 10/28 |  |  |  |  |  |  |  |  |  |  |
| 10/29 |  |  |  |  |  |  |  |  |  |  |
| 10/30 |  |  |  |  |  |  |  |  |  |  |
| 10/31 |  |  |  |  |  |  |  |  |  |  |

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

**Daily Kitchen Assessment**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Observer Initials | Kitchen Hand Sink / Employee Restroom | | | Dish Sink Sanitizing Set-up | Wipe/ Spray on sanitizer | Clean -up | | | Corrective Actions |
| W | S | T/T | \*F or ppm | (ppm) | Trash  Y or N | Floors  Y or N | Surfaces  Y or N |
| 11/1 |  |  |  |  |  |  |  |  |  |  |
| 11/2 |  |  |  |  |  |  |  |  |  |  |
| 11/3 |  |  |  |  |  |  |  |  |  |  |
| 11/4 |  |  |  |  |  |  |  |  |  |  |
| 11/5 |  |  |  |  |  |  |  |  |  |  |
| 11/6 |  |  |  |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |  |  |  |  |

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

**Daily Kitchen Assessment**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Observer Initials | Kitchen Hand Sink / Employee Restroom | | | Dish Sink Sanitizing Set-up | Wipe/ Spray on sanitizer | Clean -up | | | Corrective Actions |
| W | S | T/T | \*F or ppm | (ppm) | Trash  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 |  |  |  |  |  |  |  |  |  |  |

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

**Daily Kitchen Assessment**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Observer Initials | Kitchen Hand Sink / Employee Restroom | | | Dish Sink Sanitizing Set-up | Wipe/ Spray on sanitizer | Clean -up | | | Corrective Actions | | |
| W | S | T/T | \*F or ppm | (ppm) | Trash  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 |  |  |  |  |  |  |  |  |  |  | | |
| **February** | | | | | | | | | | | | **2022** |

**Daily Kitchen Assessment**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Observer Initials | Kitchen Hand Sink / Employee Restroom | | | Dish Sink Sanitizing Set-up | Wipe/ Spray on sanitizer | Clean -up | | | Corrective Actions |
| W | S | T/T | \*F or ppm | (ppm) | Trash  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 |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

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

**Daily Kitchen Assessment**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Observer Initials | Kitchen Hand Sink / Employee Restroom | | | Dish Sink Sanitizing Set-up | Wipe/ Spray on sanitizer | Clean -up | | | Corrective Actions |
| W | S | T/T | \*F or ppm | (ppm) | Trash  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 |  |  |  |  |  |  |  |  |  |  |

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

**Daily Kitchen Assessment**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Observer Initials | Kitchen Hand Sink / Employee Restroom | | | Dish Sink Sanitizing Set-up | Wipe/ Spray on sanitizer | Clean -up | | | Corrective Actions |
| W | S | T/T | \*F or ppm | (ppm) | Trash  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 |  |  |  |  |  |  |  |  |  |  |

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

**Daily Kitchen Assessment**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Observer Initials | Kitchen Hand Sink / Employee Restroom | | | Dish Sink Sanitizing Set-up | Wipe/ Spray on sanitizer | Clean -up | | | Corrective Actions | | |
| W | S | T/T | \*F or ppm | (ppm) | Trash  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 |  |  |  |  |  |  |  |  |  |  | | |
| 5/17 |  |  |  |  |  |  |  |  |  |  | | |
| 5/18 |  |  |  |  |  |  |  |  |  |  | | |
| 5/19 |  |  |  |  |  |  |  |  |  |  | | |
| 5/20 |  |  |  |  |  |  |  |  |  |  | | |
| 5/21 |  |  |  |  |  |  |  |  |  |  | | |
| 5/22 |  |  |  |  |  |  |  |  |  |  | | |
| 5/23 |  |  |  |  |  |  |  |  |  |  | | |
| 5/24 |  |  |  |  |  |  |  |  |  |  | | |
| 5/25 |  |  |  |  |  |  |  |  |  |  | | |
| 5/26 |  |  |  |  |  |  |  |  |  |  | | |
| 5/27 |  |  |  |  |  |  |  |  |  |  | | |
| 5/28 |  |  |  |  |  |  |  |  |  |  | | |
| 5/29 |  |  |  |  |  |  |  |  |  |  | | |
| 5/30 |  |  |  |  |  |  |  |  |  |  | | |
| 5/31 |  |  |  |  |  |  |  |  |  |  | | |
| **June** | | | | | | | | | | | | **2022** |

**Daily Kitchen Assessment**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Observer Initials | Kitchen Hand Sink / Employee Restroom | | | Dish Sink Sanitizing Set-up | Wipe/ Spray on sanitizer | Clean -up | | | Corrective Actions |
| W | S | T/T | \*F or ppm | (ppm) | Trash  Y or N | Floors  Y or N | Surfaces  Y or N |
| 6/1 |  |  |  |  |  |  |  |  |  |  |
| 6/2 |  |  |  |  |  |  |  |  |  |  |
| 6/3 |  |  |  |  |  |  |  |  |  |  |
| 6/4 |  |  |  |  |  |  |  |  |  |  |
| 6/5 |  |  |  |  |  |  |  |  |  |  |
| 6/6 |  |  |  |  |  |  |  |  |  |  |
| 6/7 |  |  |  |  |  |  |  |  |  |  |
| 6/8 |  |  |  |  |  |  |  |  |  |  |
| 6/9 |  |  |  |  |  |  |  |  |  |  |
| 6/10 |  |  |  |  |  |  |  |  |  |  |
| 6/11 |  |  |  |  |  |  |  |  |  |  |
| 6/12 |  |  |  |  |  |  |  |  |  |  |
| 6/13 |  |  |  |  |  |  |  |  |  |  |
| 6/14 |  |  |  |  |  |  |  |  |  |  |
| 6/15 |  |  |  |  |  |  |  |  |  |  |
| 6/16 |  |  |  |  |  |  |  |  |  |  |
| 6/17 |  |  |  |  |  |  |  |  |  |  |
| 6/18 |  |  |  |  |  |  |  |  |  |  |
| 6/19 |  |  |  |  |  |  |  |  |  |  |
| 6/20 |  |  |  |  |  |  |  |  |  |  |
| 6/21 |  |  |  |  |  |  |  |  |  |  |
| 6/22 |  |  |  |  |  |  |  |  |  |  |
| 6/23 |  |  |  |  |  |  |  |  |  |  |
| 6/24 |  |  |  |  |  |  |  |  |  |  |
| 6/25 |  |  |  |  |  |  |  |  |  |  |
| 6/26 |  |  |  |  |  |  |  |  |  |  |
| 6/27 |  |  |  |  |  |  |  |  |  |  |
| 6/28 |  |  |  |  |  |  |  |  |  |  |
| 6/29 |  |  |  |  |  |  |  |  |  |  |
| 6/30 |  |  |  |  |  |  |  |  |  |  |

# Daily Refrigerator Assessment – Reach-In Units

Instructions to Complete

Temperatures must be recorded every day the facility is open1. USDA recommends temperatures are recorded every day; however, they must be recorded at least 5 out of seven days if facility is closed. If food is stored in the refrigerator when facility 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 monitor procedures and perform corrective actions in case of refrigerator malfunction or failure.

It is recommended this form be completed in the morning before food preparation begins. Also, more than one refrigerator might be in the operation; if so, multiple copies of the form must be copied and the “location” of the refrigerator noted on the top of the form.

Refer to General Food Storage Information in this *Part 1: Monitoring* 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 all information is accurately recorded.

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, then that person should record their initials.

Temperature (oF) – The temperature of the refrigerator must be at 39oF or colder. Each morning before food preparation begins, the temperature must be checked using a thermometer placed on the top shelf just inside the door. Write the actual temperature observed in the cell.

If your SFA 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 SMI Consultant if the remaining information is unchanged.

Cross-contamination – The inside of each refrigerator must be inspected to be sure all ready-to-eat/ cooked foods are stored above raw foods. Improperly stored raw foods could contaminate ready-to-eat/cooked foods. Mark “No” to indicate improper storage which could contribute to cross-contamination was not observed. Mark “Yes” if improper storage or the potential for cross-contamination was observed. If “Yes”, take immediate corrective action to correct the problem and note it on the form.

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

1 Some schools utilize electronic alarm systems for monitoring refrigerator and/or freezer storage. Schools will continue manual recording for refrigerator and freezer temperatures on the monitoring logs when school is open. During vacations, weekends and holidays, it is acceptable to rely on the Alarm System if the electronic alarm system has a battery back-up to remain active during power outages. USDA recommends, as best practice, schools check regularly (maybe weekly) to ensure the electronic system is working properly. The manager/PIC or designee must print the electronic log demonstrating temperatures have been monitored by the Alarm System and attach to the corresponding monitoring log before filing.

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Cross Contamination**  **(Y or N)** | **Corrective Actions** | |
| 7/1 |  |  | □ Yes □ No |  | |
| 7/2 |  |  | □ Yes □ No |  | |
| 7/3 |  |  | □ Yes □ No |  | |
| 7/4 |  |  | □ Yes □ No |  | |
| 7/5 |  |  | □ Yes □ No |  | |
| 7/6 |  |  | □ Yes □ No |  | |
| 7/7 |  |  | □ Yes □ No |  | |
| 7/8 |  |  | □ Yes □ No |  | |
| 7/9 |  |  | □ Yes □ No |  | |
| 7/10 |  |  | □ Yes □ No |  | |
| 7/11 |  |  | □ Yes □ No |  | |
| 7/12 |  |  | □ Yes □ No |  | |
| 7/13 |  |  | □ Yes □ No |  | |
| 7/14 |  |  | □ Yes □ No |  | |
| 7/15 |  |  | □ Yes □ No |  | |
| 7/16 |  |  | □ Yes □ No |  | |
| 7/17 |  |  | □ Yes □ No |  | |
| 7/18 |  |  | □ Yes □ No |  | |
| 7/19 |  |  | □ Yes □ No |  | |
| 7/20 |  |  | □ Yes □ No |  | |
| 7/21 |  |  | □ Yes □ No |  | |
| 7/22 |  |  | □ Yes □ No |  | |
| 7/23 |  |  | □ Yes □ No |  | |
| 7/24 |  |  | □ Yes □ No |  | |
| 7/25 |  |  | □ Yes □ No |  | |
| 7/26 |  |  | □ Yes □ No |  | |
| 7/27 |  |  | □ Yes □ No |  | |
| 7/28 |  |  | □ Yes □ No |  | |
| 7/29 |  |  | □ Yes □ No |  | |
| 7/30 |  |  | □ Yes □ No |  | |
| 7/31 |  |  | □ Yes □ No |  | |
| **August** | | | | | | **2021** |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Cross Contamination**  **(Y or N)** | **Corrective Actions** | | |
| 8/1 |  |  | □ Yes □ No |  | | |
| 8/2 |  |  | □ Yes □ No |  | | |
| 8/3 |  |  | □ Yes □ No |  | | |
| 8/4 |  |  | □ Yes □ No |  | | |
| 8/5 |  |  | □ Yes □ No |  | | |
| 8/6 |  |  | □ Yes □ No |  | | |
| 8/7 |  |  | □ Yes □ No |  | | |
| 8/8 |  |  | □ Yes □ No |  | | |
| 8/9 |  |  | □ Yes □ No |  | | |
| 8/10 |  |  | □ Yes □ No |  | | |
| 8/11 |  |  | □ Yes □ No |  | | |
| 8/12 |  |  | □ Yes □ No |  | | |
| 8/13 |  |  | □ Yes □ No |  | | |
| 8/14 |  |  | □ Yes □ No |  | | |
| 8/15 |  |  | □ Yes □ No |  | | |
| 8/16 |  |  | □ Yes □ No |  | | |
| 8/17 |  |  | □ Yes □ No |  | | |
| 8/18 |  |  | □ Yes □ No |  | | |
| 8/19 |  |  | □ Yes □ No |  | | |
| 8/20 |  |  | □ Yes □ No |  | | |
| 8/21 |  |  | □ Yes □ No |  | | |
| 8/22 |  |  | □ Yes □ No |  | | |
| 8/23 |  |  | □ Yes □ No |  | | |
| 8/24 |  |  | □ Yes □ No |  | | |
| 8/25 |  |  | □ Yes □ No |  | | |
| 8/26 |  |  | □ Yes □ No |  | | |
| 8/27 |  |  | □ Yes □ No |  | | |
| 8/28 |  |  | □ Yes □ No |  | | |
| 8/29 |  |  | □ Yes □ No |  | | |
| 8/30 |  |  | □ Yes □ No |  | | |
| 8/31 |  |  | □ Yes □ No |  | | |
| **September** | | | | | | **2021** |

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

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

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Cross Contamination**  **(Y or N)** | **Corrective Actions** | | |
| 10/1 |  |  | □ Yes □ No |  | | |
| 10/2 |  |  | □ Yes □ No |  | | |
| 10/3 |  |  | □ Yes □ No |  | | |
| 10/4 |  |  | □ Yes □ No |  | | |
| 10/5 |  |  | □ Yes □ No |  | | |
| 10/6 |  |  | □ Yes □ No |  | | |
| 10/7 |  |  | □ Yes □ No |  | | |
| 10/8 |  |  | □ Yes □ No |  | | |
| 10/9 |  |  | □ Yes □ No |  | | |
| 10/10 |  |  | □ Yes □ No |  | | |
| 10/11 |  |  | □ Yes □ No |  | | |
| 10/12 |  |  | □ Yes □ No |  | | |
| 10/13 |  |  | □ Yes □ No |  | | |
| 10/14 |  |  | □ Yes □ No |  | | |
| 10/15 |  |  | □ Yes □ No |  | | |
| 10/16 |  |  | □ Yes □ No |  | | |
| 10/17 |  |  | □ Yes □ No |  | | |
| 10/18 |  |  | □ Yes □ No |  | | |
| 10/19 |  |  | □ Yes □ No |  | | |
| 10/20 |  |  | □ Yes □ No |  | | |
| 10/21 |  |  | □ Yes □ No |  | | |
| 10/22 |  |  | □ Yes □ No |  | | |
| 10/23 |  |  | □ Yes □ No |  | | |
| 10/24 |  |  | □ Yes □ No |  | | |
| 10/25 |  |  | □ Yes □ No |  | | |
| 10/26 |  |  | □ Yes □ No |  | | |
| 10/27 |  |  | □ Yes □ No |  | | |
| 10/28 |  |  | □ Yes □ No |  | | |
| 10/29 |  |  | □ Yes □ No |  | | |
| 10/30 |  |  | □ Yes □ No |  | | |
| 10/31 |  |  | □ Yes □ No |  | | |
| **November** | | | | | | **2021** |

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

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Cross Contamination**  **(Y or N)** | **Corrective Actions** | |
| 12/1 |  |  | □ Yes □ No |  | |
| 12/2 |  |  | □ Yes □ No |  | |
| 12/3 |  |  | □ Yes □ No |  | |
| 12/4 |  |  | □ Yes □ No |  | |
| 12/5 |  |  | □ Yes □ No |  | |
| 12/6 |  |  | □ Yes □ No |  | |
| 12/7 |  |  | □ Yes □ No |  | |
| 12/8 |  |  | □ Yes □ No |  | |
| 12/9 |  |  | □ Yes □ No |  | |
| 12/10 |  |  | □ Yes □ No |  | |
| 12/11 |  |  | □ Yes □ No |  | |
| 12/12 |  |  | □ Yes □ No |  | |
| 12/13 |  |  | □ Yes □ No |  | |
| 12/14 |  |  | □ Yes □ No |  | |
| 12/15 |  |  | □ Yes □ No |  | |
| 12/16 |  |  | □ Yes □ No |  | |
| 12/17 |  |  | □ Yes □ No |  | |
| 12/18 |  |  | □ Yes □ No |  | |
| 12/19 |  |  | □ Yes □ No |  | |
| 12/20 |  |  | □ Yes □ No |  | |
| 12/21 |  |  | □ Yes □ No |  | |
| 12/22 |  |  | □ Yes □ No |  | |
| 12/23 |  |  | □ Yes □ No |  | |
| 12/24 |  |  | □ Yes □ No |  | |
| 12/25 |  |  | □ Yes □ No |  | |
| 12/26 |  |  | □ Yes □ No |  | |
| 12/27 |  |  | □ Yes □ No |  | |
| 12/28 |  |  | □ Yes □ No |  | |
| 12/29 |  |  | □ Yes □ No |  | |
| 12/30 |  |  | □ Yes □ No |  | |
| 12/31 |  |  | □ Yes □ No |  | |
| **January** | | | | | | **2022** |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Cross Contamination**  **(Y or N)** | **Corrective Actions** | | |
| 1/1 |  |  | □ Yes □ No |  | | |
| 1/2 |  |  | □ Yes □ No |  | | |
| 1/3 |  |  | □ Yes □ No |  | | |
| 1/4 |  |  | □ Yes □ No |  | | |
| 1/5 |  |  | □ Yes □ No |  | | |
| 1/6 |  |  | □ Yes □ No |  | | |
| 1/7 |  |  | □ Yes □ No |  | | |
| 1/8 |  |  | □ Yes □ No |  | | |
| 1/9 |  |  | □ Yes □ No |  | | |
| 1/10 |  |  | □ Yes □ No |  | | |
| 1/11 |  |  | □ Yes □ No |  | | |
| 1/12 |  |  | □ Yes □ No |  | | |
| 1/13 |  |  | □ Yes □ No |  | | |
| 1/14 |  |  | □ Yes □ No |  | | |
| 1/15 |  |  | □ Yes □ No |  | | |
| 1/16 |  |  | □ Yes □ No |  | | |
| 1/17 |  |  | □ Yes □ No |  | | |
| 1/18 |  |  | □ Yes □ No |  | | |
| 1/19 |  |  | □ Yes □ No |  | | |
| 1/20 |  |  | □ Yes □ No |  | | |
| 1/21 |  |  | □ Yes □ No |  | | |
| 1/22 |  |  | □ Yes □ No |  | | |
| 1/23 |  |  | □ Yes □ No |  | | |
| 1/24 |  |  | □ Yes □ No |  | | |
| 1/25 |  |  | □ Yes □ No |  | | |
| 1/26 |  |  | □ Yes □ No |  | | |
| 1/27 |  |  | □ Yes □ No |  | | |
| 1/28 |  |  | □ Yes □ No |  | | |
| 1/29 |  |  | □ Yes □ No |  | | |
| 1/30 |  |  | □ Yes □ No |  | | |
| 1/31 |  |  | □ Yes □ No |  | | |
| **February** | | | | | | **2022** |

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

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

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

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

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

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

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

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

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Observer Initials** | **Temp.**  **F°** | **Cross Contamination**  **(Y or N)** | **Corrective Actions** | | |
| 5/1 |  |  | □ Yes □ No |  | | |
| 5/2 |  |  | □ Yes □ No |  | | |
| 5/3 |  |  | □ Yes □ No |  | | |
| 5/4 |  |  | □ Yes □ No |  | | |
| 5/5 |  |  | □ Yes □ No |  | | |
| 5/6 |  |  | □ Yes □ No |  | | |
| 5/7 |  |  | □ Yes □ No |  | | |
| 5/8 |  |  | □ Yes □ No |  | | |
| 5/9 |  |  | □ Yes □ No |  | | |
| 5/10 |  |  | □ Yes □ No |  | | |
| 5/11 |  |  | □ Yes □ No |  | | |
| 5/12 |  |  | □ Yes □ No |  | | |
| 5/13 |  |  | □ Yes □ No |  | | |
| 5/14 |  |  | □ Yes □ No |  | | |
| 5/15 |  |  | □ Yes □ No |  | | |
| 5/16 |  |  | □ Yes □ No |  | | |
| 5/17 |  |  | □ Yes □ No |  | | |
| 5/18 |  |  | □ Yes □ No |  | | |
| 5/19 |  |  | □ Yes □ No |  | | |
| 5/20 |  |  | □ Yes □ No |  | | |
| 5/21 |  |  | □ Yes □ No |  | | |
| 5/22 |  |  | □ Yes □ No |  | | |
| 5/23 |  |  | □ Yes □ No |  | | |
| 5/24 |  |  | □ Yes □ No |  | | |
| 5/25 |  |  | □ Yes □ No |  | | |
| 5/26 |  |  | □ Yes □ No |  | | |
| 5/27 |  |  | □ Yes □ No |  | | |
| 5/28 |  |  | □ Yes □ No |  | | |
| 5/29 |  |  | □ Yes □ No |  | | |
| 5/30 |  |  | □ Yes □ No |  | | |
| 5/31 |  |  | □ Yes □ No |  | | |
| **June** | | | | | | **2022** |

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

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

# 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 to complete one form 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 applicable 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, you do not transport any food items; therefore, you may not need to complete the Transporting section of the form.

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK ONE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to *Section: Prerequisite Programs* and *Section: Safe Food Handling* for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **July,** |  | **2021** |

|  |  |  |  |
| --- | --- | --- | --- |
| **DRY STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly with no signs of tampering and/or counterfeiting. Canned foods have no swollen ends, leaks, rust, or dents. Dry food packaging is clean and in good condition. |  |  |
| □ Yes  □ No  □ N/A | All food is properly labeled with received or pack date (at least month/year). Foods are not past the expiration dates. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all dry food storage. |  |  |
| □ Yes  □ No  □ N/A | All food is stored on clean shelving or in clean cabinets. |  |  |
| □ Yes  □ No  □ N/A | Food stored in durable, food-grade containers and not in direct sunlight. |  |  |
| □ Yes  □ No  □ N/A | Cleaning supplies/other chemicals are stored separately from all food, dishes, utensils, linens, and single-use items. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARD COMMUNICATIONS** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All hazardous chemicals properly marked. Non-food supplies and hazardous chemicals are in their original containers OR clearly labeled on the side with the specific name of the contents. |  |  |
| □ Yes  □ No  □ N/A | SDS book located for easy employee reference. Employees are reminded of SDS information. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK TWO

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | July, |  | 2021 |

|  |  |  |  |
| --- | --- | --- | --- |
| **REFRIGERATED STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation. |  |  |
| □ Yes  □ No  □ N/A | All non-perishable food is properly labeled with received or pack date (month/year). Produce is labeled with month/day. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all refrigerated stock. |  |  |
| □ Yes  □ No  □ N/A | All leftover menu items and partially used ingredients are stored in durable, food-grade containers, properly covered and labeled with the amount and date (CLAD). |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |
| □ Yes  □ No  □ N/A | All refrigeration units are clean. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK THREE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | July, |  | 2021 |

|  |  |  |  |
| --- | --- | --- | --- |
| **FREEZER STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation. |  |  |
| □ Yes  □ No  □ N/A | All food is properly labeled with received or pack date (month/year) |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all FROZEN stock. |  |  |
| □ Yes  □ No  □ N/A | All freezer units are clean and defrosted per manufacturer instructions. |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TRANSPORTING (IF APPLICABLE)** | | | |
|  |  | Corrective Actions Taken | Date |
| □ 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. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK FOUR

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **July,** |  | **2021** |

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

|  |  |
| --- | --- |
| **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 Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **July,** |  | **2021** |

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

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK ONE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **August,** |  | **2021** |

|  |  |  |  |
| --- | --- | --- | --- |
| **DRY STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly with no signs of tampering and/or counterfeiting. Canned foods have no swollen ends, leaks, rust, or dents. Dry food packaging is clean and in good condition. |  |  |
| □ Yes  □ No  □ N/A | All food is properly labeled with received or pack date (at least month/year). Foods are not past the expiration dates. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all dry food storage. |  |  |
| □ Yes  □ No  □ N/A | All food is stored on clean shelving or in clean cabinets. |  |  |
| □ Yes  □ No  □ N/A | Food stored in durable, food-grade containers and not in direct sunlight. |  |  |
| □ Yes  □ No  □ N/A | Cleaning supplies/other chemicals are stored separately from all food, dishes, utensils, linens, and single-use items. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARD COMMUNICATIONS** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All hazardous chemicals properly marked. Non-food supplies and hazardous chemicals are in their original containers OR clearly labeled on the side with the specific name of the contents. |  |  |
| □ Yes  □ No  □ N/A | SDS book located for easy employee reference. Employees are reminded of SDS information. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK TWO

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **August,** |  | **2021** |

|  |  |  |  |
| --- | --- | --- | --- |
| **REFRIGERATED STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation. |  |  |
| □ Yes  □ No  □ N/A | All non-perishable food is properly labeled with received or pack date (month/year). Produce is labeled with month/day. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all refrigerated stock. |  |  |
| □ Yes  □ No  □ N/A | All leftover menu items and partially used ingredients are stored in durable, food-grade containers, properly covered and labeled with the amount and date (CLAD). |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |
| □ Yes  □ No  □ N/A | All refrigeration units are clean. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK THREE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **August,** |  | **2021** |

|  |  |  |  |
| --- | --- | --- | --- |
| **FREEZER STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation. |  |  |
| □ Yes  □ No  □ N/A | All food is properly labeled with received or pack date (month/year) |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all FROZEN stock. |  |  |
| □ Yes  □ No  □ N/A | All freezer units are clean and defrosted per manufacturer instructions. |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TRANSPORTING (IF APPLICABLE)** | | | |
|  |  | Corrective Actions Taken | Date |
| □ 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. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK FOUR

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** | |  | | | | |
| **Date Inspection Completed:** | | **August,** |  | **2021** | | |
| **FOOD PREPARATION** | | | | | | |
|  |  | | | | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | Fruits and vegetables are properly washed before preparation or service. | | | |  |  |
| □ Yes  □ No  □ N/A | Ice used to chill food or beverages is never used as a food ingredient. | | | |  |  |
| □ Yes  □ No  □ N/A | A cleaned and sanitized container(s) and ice scoop(s) is used to dispense ice. | | | |  |  |
| □ Yes  □ No  □ N/A | Food preparation utensils (cutting boards, knives, measuring utensils, etc.) are clean, sanitary, and well maintained. | | | |  |  |
| **FACILITIES AND EQUIPMENT** | | | | | | |
|  |  | | | | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | Food Preparation Equipment (Mixer, Blender, Food Processor, etc.) is clean and well maintained. | | | |  |  |
| □ Yes  □ No  □ N/A | Cooking and Holding Equipment (Ovens, steamers, braising pans, kettles, refrigerators, freezers, hot holding cabinets, etc.) is clean and well maintained. | | | |  |  |
| □ Yes  □ No  □ N/A | Ice Machine is clean and sanitary. | | | |  |  |
| □ Yes  □ No  □ N/A | Properly sized plastic liners in all garbage cans located in each work area. | | | |  |  |
| □ Yes  □ No  □ N/A | Chlorine bleach (5.25% sodium hypochlorite bleach) or another EPA registered cleaning chemical for norovirus is readily available to use for potential norovirus (vomitus and/or fecal) events in the food preparation or service areas. | | | |  |  |

|  |  |
| --- | --- |
| **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 Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **August,** |  | **2021** |

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

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK ONE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **September,** |  | **2021** |

|  |  |  |  |
| --- | --- | --- | --- |
| **DRY STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly with no signs of tampering and/or counterfeiting. Canned foods have no swollen ends, leaks, rust, or dents. Dry food packaging is clean and in good condition. |  |  |
| □ Yes  □ No  □ N/A | All food is properly labeled with received or pack date (at least month/year). Foods are not past the expiration dates. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all dry food storage. |  |  |
| □ Yes  □ No  □ N/A | All food is stored on clean shelving or in clean cabinets. |  |  |
| □ Yes  □ No  □ N/A | Food stored in durable, food-grade containers and not in direct sunlight. |  |  |
| □ Yes  □ No  □ N/A | Cleaning supplies/other chemicals are stored separately from all food, dishes, utensils, linens, and single-use items. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARD COMMUNICATIONS** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All hazardous chemicals properly marked. Non-food supplies and hazardous chemicals are in their original containers OR clearly labeled on the side with the specific name of the contents. |  |  |
| □ Yes  □ No  □ N/A | SDS book located for easy employee reference. Employees are reminded of SDS information. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK TWO

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **September,** |  | **2021** |

|  |  |  |  |
| --- | --- | --- | --- |
| **REFRIGERATED STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation. |  |  |
| □ Yes  □ No  □ N/A | All non-perishable food is properly labeled with received or pack date (month/year). Produce is labeled with month/day. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all refrigerated stock. |  |  |
| □ Yes  □ No  □ N/A | All leftover menu items and partially used ingredients are stored in durable, food-grade containers, properly covered and labeled with the amount and date (CLAD). |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |
| □ Yes  □ No  □ N/A | All refrigeration units are clean. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK THREE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **September,** |  | **2021** |

|  |  |  |  |
| --- | --- | --- | --- |
| **FREEZER STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation. |  |  |
| □ Yes  □ No  □ N/A | All food is properly labeled with received or pack date (month/year) |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all FROZEN stock. |  |  |
| □ Yes  □ No  □ N/A | All freezer units are clean and defrosted per manufacturer instructions. |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TRANSPORTING (IF APPLICABLE)** | | | |
|  |  | Corrective Actions Taken | Date |
| □ 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. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK FOUR

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **September,** |  | **2021** |

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

|  |  |
| --- | --- |
| **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 Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **September,** |  | **2021** |

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

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK ONE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **October,** |  | **2021** |

|  |  |  |  |
| --- | --- | --- | --- |
| **DRY STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly with no signs of tampering and/or counterfeiting. Canned foods have no swollen ends, leaks, rust, or dents. Dry food packaging is clean and in good condition. |  |  |
| □ Yes  □ No  □ N/A | All food is properly labeled with received or pack date (at least month/year). Foods are not past the expiration dates. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all dry food storage. |  |  |
| □ Yes  □ No  □ N/A | All food is stored on clean shelving or in clean cabinets. |  |  |
| □ Yes  □ No  □ N/A | Food stored in durable, food-grade containers and not in direct sunlight. |  |  |
| □ Yes  □ No  □ N/A | Cleaning supplies/other chemicals are stored separately from all food, dishes, utensils, linens, and single-use items. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARD COMMUNICATIONS** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All hazardous chemicals properly marked. Non-food supplies and hazardous chemicals are in their original containers OR clearly labeled on the side with the specific name of the contents. |  |  |
| □ Yes  □ No  □ N/A | SDS book located for easy employee reference. Employees are reminded of SDS information. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK TWO

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **October,** |  | **2021** |

|  |  |  |  |
| --- | --- | --- | --- |
| **REFRIGERATED STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation. |  |  |
| □ Yes  □ No  □ N/A | All non-perishable food is properly labeled with received or pack date (month/year). Produce is labeled with month/day. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all refrigerated stock. |  |  |
| □ Yes  □ No  □ N/A | All leftover menu items and partially used ingredients are stored in durable, food-grade containers, properly covered and labeled with the amount and date (CLAD). |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |
| □ Yes  □ No  □ N/A | All refrigeration units are clean. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK THREE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **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. |  |  |
| □ Yes  □ No  □ N/A | All food is properly labeled with received or pack date (month/year) |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all FROZEN stock. |  |  |
| □ Yes  □ No  □ N/A | All freezer units are clean and defrosted per manufacturer instructions. |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TRANSPORTING (IF APPLICABLE)** | | | |
|  |  | Corrective Actions Taken | Date |
| □ 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. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK FOUR

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** | |  | | | | |
| **Date Inspection Completed:** | | **October,** |  | **2021** | | |
| **FOOD PREPARATION** | | | | | | |
|  |  | | | | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | Fruits and vegetables are properly washed before preparation or service. | | | |  |  |
| □ Yes  □ No  □ N/A | Ice used to chill food or beverages is never used as a food ingredient. | | | |  |  |
| □ Yes  □ No  □ N/A | A cleaned and sanitized container(s) and ice scoop(s) is used to dispense ice. | | | |  |  |
| □ Yes  □ No  □ N/A | Food preparation utensils (cutting boards, knives, measuring utensils, etc.) are clean, sanitary, and well maintained. | | | |  |  |
| **FACILITIES AND EQUIPMENT** | | | | | | |
|  |  | | | | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | Food Preparation Equipment (Mixer, Blender, Food Processor, etc.) is clean and well maintained. | | | |  |  |
| □ Yes  □ No  □ N/A | Cooking and Holding Equipment (Ovens, steamers, braising pans, kettles, refrigerators, freezers, hot holding cabinets, etc.) is clean and well maintained. | | | |  |  |
| □ Yes  □ No  □ N/A | Ice Machine is clean and sanitary. | | | |  |  |
| □ Yes  □ No  □ N/A | Properly sized plastic liners in all garbage cans located in each work area. | | | |  |  |
| □ Yes  □ No  □ N/A | Chlorine bleach (5.25% sodium hypochlorite bleach) or another EPA registered cleaning chemical for norovirus is readily available to use for potential norovirus (vomitus and/or fecal) events in the food preparation or service areas. | | | |  |  |

|  |  |
| --- | --- |
| **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 Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **October,** |  | **2021** |

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

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK ONE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **November,** |  | **2021** |

|  |  |  |  |
| --- | --- | --- | --- |
| **DRY STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly with no signs of tampering and/or counterfeiting. Canned foods have no swollen ends, leaks, rust, or dents. Dry food packaging is clean and in good condition. |  |  |
| □ Yes  □ No  □ N/A | All food is properly labeled with received or pack date (at least month/year). Foods are not past the expiration dates. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all dry food storage. |  |  |
| □ Yes  □ No  □ N/A | All food is stored on clean shelving or in clean cabinets. |  |  |
| □ Yes  □ No  □ N/A | Food stored in durable, food-grade containers and not in direct sunlight. |  |  |
| □ Yes  □ No  □ N/A | Cleaning supplies/other chemicals are stored separately from all food, dishes, utensils, linens, and single-use items. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARD COMMUNICATIONS** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All hazardous chemicals properly marked. Non-food supplies and hazardous chemicals are in their original containers OR clearly labeled on the side with the specific name of the contents. |  |  |
| □ Yes  □ No  □ N/A | SDS book located for easy employee reference. Employees are reminded of SDS information. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK TWO

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **November,** |  | **2021** |

|  |  |  |  |
| --- | --- | --- | --- |
| **REFRIGERATED STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation. |  |  |
| □ Yes  □ No  □ N/A | All non-perishable food is properly labeled with received or pack date (month/year). Produce is labeled with month/day. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all refrigerated stock. |  |  |
| □ Yes  □ No  □ N/A | All leftover menu items and partially used ingredients are stored in durable, food-grade containers, properly covered and labeled with the amount and date (CLAD). |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |
| □ Yes  □ No  □ N/A | All refrigeration units are clean. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK THREE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **November,** |  | **2021** |

|  |  |  |  |
| --- | --- | --- | --- |
| **FREEZER STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation. |  |  |
| □ Yes  □ No  □ N/A | All food is properly labeled with received or pack date (month/year) |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all FROZEN stock. |  |  |
| □ Yes  □ No  □ N/A | All freezer units are clean and defrosted per manufacturer instructions. |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TRANSPORTING (IF APPLICABLE)** | | | |
|  |  | Corrective Actions Taken | Date |
| □ 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. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK FOUR

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **November,** |  | **2021** |

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

|  |  |
| --- | --- |
| **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 Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **November,** |  | **2021** |

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

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK ONE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **December,** |  | **2021** |

|  |  |  |  |
| --- | --- | --- | --- |
| **DRY STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly with no signs of tampering and/or counterfeiting. Canned foods have no swollen ends, leaks, rust, or dents. Dry food packaging is clean and in good condition. |  |  |
| □ Yes  □ No  □ N/A | All food is properly labeled with received or pack date (at least month/year). Foods are not past the expiration dates. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all dry food storage. |  |  |
| □ Yes  □ No  □ N/A | All food is stored on clean shelving or in clean cabinets. |  |  |
| □ Yes  □ No  □ N/A | Food stored in durable, food-grade containers and not in direct sunlight. |  |  |
| □ Yes  □ No  □ N/A | Cleaning supplies/other chemicals are stored separately from all food, dishes, utensils, linens, and single-use items. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARD COMMUNICATIONS** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All hazardous chemicals properly marked. Non-food supplies and hazardous chemicals are in their original containers OR clearly labeled on the side with the specific name of the contents. |  |  |
| □ Yes  □ No  □ N/A | SDS book located for easy employee reference. Employees are reminded of SDS information. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK TWO

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **December,** |  | **2021** |

|  |  |  |  |
| --- | --- | --- | --- |
| **REFRIGERATED STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation. |  |  |
| □ Yes  □ No  □ N/A | All non-perishable food is properly labeled with received or pack date (month/year). Produce is labeled with month/day. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all refrigerated stock. |  |  |
| □ Yes  □ No  □ N/A | All leftover menu items and partially used ingredients are stored in durable, food-grade containers, properly covered and labeled with the amount and date (CLAD). |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |
| □ Yes  □ No  □ N/A | All refrigeration units are clean. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK THREE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **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. |  |  |
| □ Yes  □ No  □ N/A | All food is properly labeled with received or pack date (month/year) |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all FROZEN stock. |  |  |
| □ Yes  □ No  □ N/A | All freezer units are clean and defrosted per manufacturer instructions. |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TRANSPORTING (IF APPLICABLE)** | | | |
|  |  | Corrective Actions Taken | Date |
| □ 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. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK FOUR

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **December,** |  | **2021** |

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

|  |  |
| --- | --- |
| **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 Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **December,** |  | **2021** |

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

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK ONE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **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 food is properly labeled with received or pack date (at least month/year). Foods are not past the expiration dates. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all dry food storage. |  |  |
| □ Yes  □ No  □ N/A | All food is stored on clean shelving or in clean cabinets. |  |  |
| □ Yes  □ No  □ N/A | Food stored in durable, food-grade containers and not in direct sunlight. |  |  |
| □ Yes  □ No  □ N/A | Cleaning supplies/other chemicals are stored separately from all food, dishes, utensils, linens, and single-use items. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARD COMMUNICATIONS** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All hazardous chemicals properly marked. Non-food supplies and hazardous chemicals are in their original containers OR clearly labeled on the side with the specific name of the contents. |  |  |
| □ Yes  □ No  □ N/A | SDS book located for easy employee reference. Employees are reminded ofMSDS information. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK TWO

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **January,** |  | **2022** |

|  |  |  |  |
| --- | --- | --- | --- |
| **REFRIGERATED STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation. |  |  |
| □ Yes  □ No  □ N/A | All non-perishable food is properly labeled with received or pack date (month/year). Produce is labeled with month/day. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all refrigerated stock. |  |  |
| □ Yes  □ No  □ N/A | All leftover menu items and partially used ingredients are stored in durable, food-grade containers, properly covered and labeled with the amount and date (CLAD). |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |
| □ Yes  □ No  □ N/A | All refrigeration units are clean. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK THREE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **January,** |  | **2022** |

|  |  |  |  |
| --- | --- | --- | --- |
| **FREEZER STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation. |  |  |
| □ Yes  □ No  □ N/A | All food is properly labeled with received or pack date (month/year) |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all FROZEN stock. |  |  |
| □ Yes  □ No  □ N/A | All freezer units are clean and defrosted per manufacturer instructions. |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TRANSPORTING (IF APPLICABLE)** | | | |
|  |  | Corrective Actions Taken | Date |
| □ 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. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK FOUR

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **January,** |  | **2022** |

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

|  |  |
| --- | --- |
| **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 Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **January,** |  | **2022** |

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

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK ONE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **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 food is properly labeled with received or pack date (at least month/year). Foods are not past the expiration dates. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all dry food storage. |  |  |
| □ Yes  □ No  □ N/A | All food is stored on clean shelving or in clean cabinets. |  |  |
| □ Yes  □ No  □ N/A | Food stored in durable, food-grade containers and not in direct sunlight. |  |  |
| □ Yes  □ No  □ N/A | Cleaning supplies/other chemicals are stored separately from all food, dishes, utensils, linens, and single-use items. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARD COMMUNICATIONS** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All hazardous chemicals properly marked. Non-food supplies and hazardous chemicals are in their original containers OR clearly labeled on the side with the specific name of the contents. |  |  |
| □ Yes  □ No  □ N/A | SDS book located for easy employee reference. Employees are reminded of SDS information. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK TWO

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **February,** |  | **2022** |

|  |  |  |  |
| --- | --- | --- | --- |
| **REFRIGERATED STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation. |  |  |
| □ Yes  □ No  □ N/A | All non-perishable food is properly labeled with received or pack date (month/year). Produce is labeled with month/day. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all refrigerated stock. |  |  |
| □ Yes  □ No  □ N/A | All leftover menu items and partially used ingredients are stored in durable, food-grade containers, properly covered and labeled with the amount and date (CLAD). |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |
| □ Yes  □ No  □ N/A | All refrigeration units are clean. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK THREE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **February,** |  | **2022** |

|  |  |  |  |
| --- | --- | --- | --- |
| **FREEZER STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation. |  |  |
| □ Yes  □ No  □ N/A | All food is properly labeled with received or pack date (month/year) |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all FROZEN stock. |  |  |
| □ Yes  □ No  □ N/A | All freezer units are clean and defrosted per manufacturer instructions. |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TRANSPORTING (IF APPLICABLE)** | | | |
|  |  | Corrective Actions Taken | Date |
| □ 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. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK FOUR

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **February,** |  | **2022** |

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

|  |  |
| --- | --- |
| **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 Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **February,** |  | **2022** |

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

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK ONE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **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 food is properly labeled with received or pack date (at least month/year). Foods are not past the expiration dates. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all dry food storage. |  |  |
| □ Yes  □ No  □ N/A | All food is stored on clean shelving or in clean cabinets. |  |  |
| □ Yes  □ No  □ N/A | Food stored in durable, food-grade containers and not in direct sunlight. |  |  |
| □ Yes  □ No  □ N/A | Cleaning supplies/other chemicals are stored separately from all food, dishes, utensils, linens, and single-use items. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARD COMMUNICATIONS** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All hazardous chemicals properly marked. Non-food supplies and hazardous chemicals are in their original containers OR clearly labeled on the side with the specific name of the contents. |  |  |
| □ Yes  □ No  □ N/A | SDS book located for easy employee reference. Employees are reminded of SDS information. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK TWO

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **March,** |  | **2022** |

|  |  |  |  |
| --- | --- | --- | --- |
| **REFRIGERATED STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation. |  |  |
| □ Yes  □ No  □ N/A | All non-perishable food is properly labeled with received or pack date (month/year). Produce is labeled with month/day. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all refrigerated stock. |  |  |
| □ Yes  □ No  □ N/A | All leftover menu items and partially used ingredients are stored in durable, food-grade containers, properly covered and labeled with the amount and date (CLAD). |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |
| □ Yes  □ No  □ N/A | All refrigeration units are clean. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK THREE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **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. |  |  |
| □ Yes  □ No  □ N/A | All food is properly labeled with received or pack date (month/year) |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all FROZEN stock. |  |  |
| □ Yes  □ No  □ N/A | All freezer units are clean and defrosted per manufacturer instructions. |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TRANSPORTING (IF APPLICABLE)** | | | |
|  |  | Corrective Actions Taken | Date |
| □ 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. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK FOUR

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** | |  | | | | |
| **Date Inspection Completed:** | | **March,** |  | **2022** | | |
| **FOOD PREPARATION** | | | | | | |
|  |  | | | | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | Fruits and vegetables are properly washed before preparation or service. | | | |  |  |
| □ Yes  □ No  □ N/A | Ice used to chill food or beverages is never used as a food ingredient. | | | |  |  |
| □ Yes  □ No  □ N/A | A cleaned and sanitized container(s) and ice scoop(s) is used to dispense ice. | | | |  |  |
| □ Yes  □ No  □ N/A | Food preparation utensils (cutting boards, knives, measuring utensils, etc.) are clean, sanitary, and well maintained. | | | |  |  |
| **FACILITIES AND EQUIPMENT** | | | | | | |
|  |  | | | | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | Food Preparation Equipment (Mixer, Blender, Food Processor, etc.) is clean and well maintained. | | | |  |  |
| □ Yes  □ No  □ N/A | Cooking and Holding Equipment (Ovens, steamers, braising pans, kettles, refrigerators, freezers, hot holding cabinets, etc.) is clean and well maintained. | | | |  |  |
| □ Yes  □ No  □ N/A | Ice Machine is clean and sanitary. | | | |  |  |
| □ Yes  □ No  □ N/A | Properly sized plastic liners in all garbage cans located in each work area. | | | |  |  |
| □ Yes  □ No  □ N/A | Chlorine bleach (5.25% sodium hypochlorite bleach) or another EPA registered cleaning chemical for norovirus is readily available to use for potential norovirus (vomitus and/or fecal) events in the food preparation or service areas. | | | |  |  |

|  |  |
| --- | --- |
| **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 Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **March,** |  | **2022** |

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

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK ONE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **April,** |  | **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 food is properly labeled with received or pack date (at least month/year). Foods are not past the expiration dates. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all dry food storage. |  |  |
| □ Yes  □ No  □ N/A | All food is stored on clean shelving or in clean cabinets. |  |  |
| □ Yes  □ No  □ N/A | Food stored in durable, food-grade containers and not in direct sunlight. |  |  |
| □ Yes  □ No  □ N/A | Cleaning supplies/other chemicals are stored separately from all food, dishes, utensils, linens, and single-use items. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARD COMMUNICATIONS** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All hazardous chemicals properly marked. Non-food supplies and hazardous chemicals are in their original containers OR clearly labeled on the side with the specific name of the contents. |  |  |
| □ Yes  □ No  □ N/A | SDS book located for easy employee reference. Employees are reminded of SDS information. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK TWO

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **April,** |  | **2022** |

|  |  |  |  |
| --- | --- | --- | --- |
| **REFRIGERATED STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation. |  |  |
| □ Yes  □ No  □ N/A | All non-perishable food is properly labeled with received or pack date (month/year). Produce is labeled with month/day. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all refrigerated stock. |  |  |
| □ Yes  □ No  □ N/A | All leftover menu items and partially used ingredients are stored in durable, food-grade containers, properly covered and labeled with the amount and date (CLAD). |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |
| □ Yes  □ No  □ N/A | All refrigeration units are clean. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK THREE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **April,** |  | **2022** |

|  |  |  |  |
| --- | --- | --- | --- |
| **FREEZER STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation. |  |  |
| □ Yes  □ No  □ N/A | All food is properly labeled with received or pack date (month/year) |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all FROZEN stock. |  |  |
| □ Yes  □ No  □ N/A | All freezer units are clean and defrosted per manufacturer instructions. |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TRANSPORTING (IF APPLICABLE)** | | | |
|  |  | Corrective Actions Taken | Date |
| □ 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. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK FOUR

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** | |  | | | | |
| **Date Inspection Completed:** | | **April,** |  | **2022** | | |
| **FOOD PREPARATION** | | | | | | |
|  |  | | | | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | Fruits and vegetables are properly washed before preparation or service. | | | |  |  |
| □ Yes  □ No  □ N/A | Ice used to chill food or beverages is never used as a food ingredient. | | | |  |  |
| □ Yes  □ No  □ N/A | A cleaned and sanitized container(s) and ice scoop(s) is used to dispense ice. | | | |  |  |
| □ Yes  □ No  □ N/A | Food preparation utensils (cutting boards, knives, measuring utensils, etc.) are clean, sanitary, and well maintained. | | | |  |  |
| **FACILITIES AND EQUIPMENT** | | | | | | |
|  |  | | | | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | Food Preparation Equipment (Mixer, Blender, Food Processor, etc.) is clean and well maintained. | | | |  |  |
| □ Yes  □ No  □ N/A | Cooking and Holding Equipment (Ovens, steamers, braising pans, kettles, refrigerators, freezers, hot holding cabinets, etc.) is clean and well maintained. | | | |  |  |
| □ Yes  □ No  □ N/A | Ice Machine is clean and sanitary. | | | |  |  |
| □ Yes  □ No  □ N/A | Properly sized plastic liners in all garbage cans located in each work area. | | | |  |  |
| □ Yes  □ No  □ N/A | Chlorine bleach (5.25% sodium hypochlorite bleach) or another EPA registered cleaning chemical for norovirus is readily available to use for potential norovirus (vomitus and/or fecal) events in the food preparation or service areas. | | | |  |  |

|  |  |
| --- | --- |
| **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 Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **April,** |  | **2022** |

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

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK ONE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **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 food is properly labeled with received or pack date (at least month/year). Foods are not past the expiration dates. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all dry food storage. |  |  |
| □ Yes  □ No  □ N/A | All food is stored on clean shelving or in clean cabinets. |  |  |
| □ Yes  □ No  □ N/A | Food stored in durable, food-grade containers and not in direct sunlight. |  |  |
| □ Yes  □ No  □ N/A | Cleaning supplies/other chemicals are stored separately from all food, dishes, utensils, linens, and single-use items. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARD COMMUNICATIONS** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All hazardous chemicals properly marked. Non-food supplies and hazardous chemicals are in their original containers OR clearly labeled on the side with the specific name of the contents. |  |  |
| □ Yes  □ No  □ N/A | SDS book located for easy employee reference. Employees are reminded of SDS information. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK TWO

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **May,** |  | **2022** |

|  |  |  |  |
| --- | --- | --- | --- |
| **REFRIGERATED STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation. |  |  |
| □ Yes  □ No  □ N/A | All non-perishable food is properly labeled with received or pack date (month/year). Produce is labeled with month/day. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all refrigerated stock. |  |  |
| □ Yes  □ No  □ N/A | All leftover menu items and partially used ingredients are stored in durable, food-grade containers, properly covered and labeled with the amount and date (CLAD). |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |
| □ Yes  □ No  □ N/A | All refrigeration units are clean. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK THREE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **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. |  |  |
| □ Yes  □ No  □ N/A | All food is properly labeled with received or pack date (month/year) |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all FROZEN stock. |  |  |
| □ Yes  □ No  □ N/A | All freezer units are clean and defrosted per manufacturer instructions. |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TRANSPORTING (IF APPLICABLE)** | | | |
|  |  | Corrective Actions Taken | Date |
| □ 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. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK FOUR

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** | |  | | | | |
| **Date Inspection Completed:** | | **May,** |  | **2022** | | |
| **FOOD PREPARATION** | | | | | | |
|  |  | | | | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | Fruits and vegetables are properly washed before preparation or service. | | | |  |  |
| □ Yes  □ No  □ N/A | Ice used to chill food or beverages is never used as a food ingredient. | | | |  |  |
| □ Yes  □ No  □ N/A | A cleaned and sanitized container(s) and ice scoop(s) is used to dispense ice. | | | |  |  |
| □ Yes  □ No  □ N/A | Food preparation utensils (cutting boards, knives, measuring utensils, etc.) are clean, sanitary, and well maintained. | | | |  |  |
| **FACILITIES AND EQUIPMENT** | | | | | | |
|  |  | | | | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | Food Preparation Equipment (Mixer, Blender, Food Processor, etc.) is clean and well maintained. | | | |  |  |
| □ Yes  □ No  □ N/A | Cooking and Holding Equipment (Ovens, steamers, braising pans, kettles, refrigerators, freezers, hot holding cabinets, etc.) is clean and well maintained. | | | |  |  |
| □ Yes  □ No  □ N/A | Ice Machine is clean and sanitary. | | | |  |  |
| □ Yes  □ No  □ N/A | Properly sized plastic liners in all garbage cans located in each work area. | | | |  |  |
| □ Yes  □ No  □ N/A | Chlorine bleach (5.25% sodium hypochlorite bleach) or another EPA registered cleaning chemical for norovirus is readily available to use for potential norovirus (vomitus and/or fecal) events in the food preparation or service areas. | | | |  |  |

|  |  |
| --- | --- |
| **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 Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **May,** |  | **2022** |

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

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK ONE

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **June,** |  | **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 food is properly labeled with received or pack date (at least month/year). Foods are not past the expiration dates. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all dry food storage. |  |  |
| □ Yes  □ No  □ N/A | All food is stored on clean shelving or in clean cabinets. |  |  |
| □ Yes  □ No  □ N/A | Food stored in durable, food-grade containers and not in direct sunlight. |  |  |
| □ Yes  □ No  □ N/A | Cleaning supplies/other chemicals are stored separately from all food, dishes, utensils, linens, and single-use items. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARD COMMUNICATIONS** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All hazardous chemicals properly marked. Non-food supplies and hazardous chemicals are in their original containers OR clearly labeled on the side with the specific name of the contents. |  |  |
| □ Yes  □ No  □ N/A | SDS book located for easy employee reference. Employees are reminded of SDS information. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK TWO

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **June,** |  | **2022** |

|  |  |  |  |
| --- | --- | --- | --- |
| **REFRIGERATED STORAGE** | | | |
|  |  | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | All food is stored properly to allow for good air circulation. |  |  |
| □ Yes  □ No  □ N/A | All non-perishable food is properly labeled with received or pack date (month/year). Produce is labeled with month/day. |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all refrigerated stock. |  |  |
| □ Yes  □ No  □ N/A | All leftover menu items and partially used ingredients are stored in durable, food-grade containers, properly covered and labeled with the amount and date (CLAD). |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are 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 be completed each week.

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **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. |  |  |
| □ Yes  □ No  □ N/A | All food is properly labeled with received or pack date (month/year) |  |  |
| □ Yes  □ No  □ N/A | FIFO procedure is used for all FROZEN stock. |  |  |
| □ Yes  □ No  □ N/A | All freezer units are clean and defrosted per manufacturer instructions. |  |  |
| □ Yes  □ No  □ N/A | Out dated foods are discarded. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TRANSPORTING (IF APPLICABLE)** | | | |
|  |  | Corrective Actions Taken | Date |
| □ 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. |  |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK FOUR

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

Directions: Complete this checklist as part of your monthly food safety inspection cycle. Refer to Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** | |  | | | | |
| **Date Inspection Completed:** | | **June,** |  | **2022** | | |
| **FOOD PREPARATION** | | | | | | |
|  |  | | | | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | Fruits and vegetables are properly washed before preparation or service. | | | |  |  |
| □ Yes  □ No  □ N/A | Ice used to chill food or beverages is never used as a food ingredient. | | | |  |  |
| □ Yes  □ No  □ N/A | A cleaned and sanitized container(s) and ice scoop(s) is used to dispense ice. | | | |  |  |
| □ Yes  □ No  □ N/A | Food preparation utensils (cutting boards, knives, measuring utensils, etc.) are clean, sanitary, and well maintained. | | | |  |  |
| **FACILITIES AND EQUIPMENT** | | | | | | |
|  |  | | | | Corrective Actions Taken | Date |
| □ Yes  □ No  □ N/A | Food Preparation Equipment (Mixer, Blender, Food Processor, etc.) is clean and well maintained. | | | |  |  |
| □ Yes  □ No  □ N/A | Cooking and Holding Equipment (Ovens, steamers, braising pans, kettles, refrigerators, freezers, hot holding cabinets, etc.) is clean and well maintained. | | | |  |  |
| □ Yes  □ No  □ N/A | Ice Machine is clean and sanitary. | | | |  |  |
| □ Yes  □ No  □ N/A | Properly sized plastic liners in all garbage cans located in each work area. | | | |  |  |
| □ Yes  □ No  □ N/A | Chlorine bleach (5.25% sodium hypochlorite bleach) or another EPA registered cleaning chemical for norovirus is readily available to use for potential norovirus (vomitus and/or fecal) events in the food preparation or service areas. | | | |  |  |

|  |  |
| --- | --- |
| **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 Section: Prerequisite Programs and Section: Safe Food Handling for specific information about the standards to meet 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 Person in Charge:** |  | | |
| **Date Inspection Completed:** | **June,** |  | **2022** |

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

# Employee Illness Monitoring Log

Instructions to Complete

When employees report an illness, complete the information on the attached Employee illness monitoring log. You do not have to use a different page for each day or for each employee. **Keep the log stored in the location indicated on the *Section: Monitoring and Record Keeping Summary*.** Continue to use the page for the entire facility 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 Section: 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 |  |

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

# Foodborne Illness Complaint Form

**Instructions to Complete**

**Date complaint received** – Record the date the complaint was received in the facility. If you receive the information from another party, then record the date they received the complaint and the date they forwarded the information to you.

**Name/Phone Number of Complainant** – Record the name and the telephone number of the individual making the complaint.

**Date Illness Occurred** – Record the date the proposed illness occurred.

**Implicated food** – Record the names of the food(s) the complainant said was (were) eaten on the day the proposed illness occurred.

**Number Ill** – Record how many individuals were reported by the complainant to be sick.

**Comments** – Note how the complaint was handled. Was there a review of the HACCP records on the day the proposed illness took place? Was the complaint referred to the environmental health department?

**Foodborne Illness Complaint Form for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Complaint Received** | **Name/Phone Number of Complainant** | **Date Illness Occurred** | **Implicated Food** | **Number Ill** | **Comments** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |