MONTHLY FOOD SAFETY INSPECTION -- WEEK ONE

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

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

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| **Signature of Person in Charge:** |  |
| **Date Inspection Completed:** |  |

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK TWO

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

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

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| **Signature of Person in Charge:** |  |
| **Date Inspection Completed:** |  |

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

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK THREE

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

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

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| **Signature of Person in Charge:** |  |
| **Date Inspection Completed:** |  |

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

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

MONTHLY FOOD SAFETY INSPECTION -- WEEK FOUR

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

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

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| **Signature of Person in Charge:** |  |
| **Date Inspection Completed:** |  |

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

MONTHLY FOOD SAFETY INSPECTION – PEST CONTROL CHECKLIST

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

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

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| **Signature of Person in Charge:** |  |
| **Date Inspection Completed:** |  |

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