

# Food Safety Daily Checklist

Date: \_\_\_\_\_ Shift: \_\_\_\_\_ Observer: \_\_\_\_\_

Record any corrective action taken and keep completed records for future reference.

## Personal Hygiene

	Yes	No	Corrective Action
• Food employee uniforms are clean, including shoes.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food employee hair restraints are properly worn.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food employee fingernails are short, unpolished, and clean (no artificial nails).	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Jewelry on hands or arms is limited to a plain wedding band; no bracelets or watches.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Hands are washed properly, frequently, and at appropriate times.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Closed burns, wounds, and sores are bandaged and completely covered with a foodservice glove while handling food.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Cast, splint, or other brace that prevents proper hand washing is not in use.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Eating, drinking, chewing gum, smoking, vaping or using tobacco is allowed in only designated areas away from food, storage, and ware washing areas.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Employees appear in good health.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Hand sinks are clean, unobstructed, and operational.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Hand sink stations have cold and hot water, soap, disposable towels, and a trash can.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Employee restrooms are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Food Preparation

	Yes	No	Corrective Action
• All food stored or prepared in the facility is from an approved source.			
• All food is at proper temperatures during storage, display, service, transport, and holding.			
• Food is cooked to the minimum temperature for the appropriate time.			
• Appropriate cooling procedures are in use.			
• Food temperatures are taken with a calibrated thermometer.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food equipment, utensils, and food contact surfaces are properly washed, rinsed, sanitized, and air dried prior to use.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Frozen food is thawed by an approved method.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Thawed food is not refrozen.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Preparation is planned so ingredients are kept out of the temperature danger zone to the extent possible.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is tasted using the proper procedure.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Procedures are in place to prevent cross-contamination.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• There is no bare hand contact with ready to eat foods.	<input type="checkbox"/>	<input type="checkbox"/>	_____

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## Hot Holding

	Yes	No	Corrective Action
• Hot holding units are clean and operational.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Hot holding unit is pre-heated before hot food is placed in unit.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is heated to the required temperature before placing in hot holding.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is held at or above 135°F. <ul style="list-style-type: none"> <li>• Thermometers are available and accurate.</li> <li>• Food is protected from contamination</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Cold Holding

	Yes	No	Corrective Action
• Food is held at or below 41°F.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is protected from contamination.	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Refrigerator and Freezer

	Yes	No	Corrective Action
• Refrigerator and freezer units are clean and operational. <ul style="list-style-type: none"> <li>• Thermometers are available and accurate.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is stored 6 inches off floor throughout facility unless on pallets or stored in waterproof containers.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• All food is properly wrapped, labeled, and dated.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Ambient air temperature of all refrigerators and freezers is monitored and documented.	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Food Storage and Dry Storage

	Yes	No	Corrective Action
• All food scoops are stored properly.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is stored in original container or a food grade container.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Open food is stored covered.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• All food is labeled properly.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• There are no bulging or leaking canned goods.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is protected from contamination.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• All food and paper supplies are stored 6 inches off the floor throughout facility unless on pallets or stored in waterproof containers.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Chemicals are clearly labeled and stored away from food, and food-related supplies.	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Cleaning and Sanitizing

	Yes	No	Corrective Action
• Three-compartment sink is properly set up only when actively ware washing (110°F wash water, and appropriate sanitizer concentration in third compartment).	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Washed and sanitized items are allowed to air dry.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Water is clean and free of grease and food particles.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Dish machine is working properly (such as gauges and chemicals are at recommended levels).	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Sanitizer in buckets is mixed correctly and a sanitizer strip is used to test chemical concentration.	<input type="checkbox"/>	<input type="checkbox"/>	_____

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- Wiping cloths are stored in sanitizing solution when not in use.   \_\_\_\_\_

## Utensils and Equipment

- |  | Yes                      | No                       | Corrective Action |
|--|--------------------------|--------------------------|-------------------|
| • All equipment and utensils, including cutting boards and knives, are washed, rinsed, sanitized, and air dried every four hours while in use. | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Work surfaces and utensils are kept cleaned and are sanitized between uses.  | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Thermometers are cleaned and sanitized prior to each use.  | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Thermometers are calibrated on a routine basis.  | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • The can opener is cleaned and sanitized.   | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Drawers and racks are clean.   | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Clean utensils are handled in a manner to prevent contamination of areas that will be in direct contact with food or a person's mouth.       | <input type="checkbox"/> | <input type="checkbox"/> | _____             |

## Large Equipment

- |  | Yes                      | No                       | Corrective Action |
|--|--------------------------|--------------------------|-------------------|
| • Large equipment is broken down, cleaned, and sanitized before and after every use. | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Exhaust hood is operating properly; filters are clean, and in place.               | <input type="checkbox"/> | <input type="checkbox"/> | _____             |

## Garbage Storage and Disposal

- |   | Yes                      | No                       | Corrective Action |
|---|--------------------------|--------------------------|-------------------|
| • Kitchen garbage cans are clean and lined.                       | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Garbage cans are emptied as necessary.                          | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Boxes, containers, and recyclables are removed from site.       | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Loading dock and area around dumpsters are clean and odor-free. | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Dumpsters are clean and covered.                                | <input type="checkbox"/> | <input type="checkbox"/> | _____             |

## Pest Control

- |   | Yes                      | No                       | Corrective Action |
|---|--------------------------|--------------------------|-------------------|
| • Outside doors have air curtains or screens, are well-sealed, and are equipped with a self-closing device. |                          |                          |                   |
| • Air curtains are operating properly   | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • No evidence of pests is present.  | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • There is a regular schedule of pest control by a licensed pest control operator.                          | <input type="checkbox"/> | <input type="checkbox"/> | _____             |