

Health Inspection Criticals Checklist

Date:	_____
Manager:	_____
Location:	_____

Food Service Manager Checklist

Use checklist once a week to identify areas in operation requiring corrective action. Record **Corrective Action** taken and file completed records for future reference with other policies.

Personnel & Hygiene

	Yes	No	Action		Yes	No	Action
Employees appear in good health & wear proper uniform including proper shoes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Clean and adequate hand washing sink available & used by employees	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hair restraints used.	<input type="checkbox"/>	<input type="checkbox"/>	_____	Gloves, clean hands, or utensils used to eliminate bear hand contact	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fingernails are short unpolished & clean	<input type="checkbox"/>	<input type="checkbox"/>	_____	Restroom checks conducted. All paper towel & soap dispensers full	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jewelry is limited to watch, simple earrings, & plain ring	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tongs for lemons, ice scoop not touching ice, dairy items in ice	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hands are properly washed after sneezing, coughing, or touching face & hair	<input type="checkbox"/>	<input type="checkbox"/>	_____	No personal items visible in any area but designated for employees	<input type="checkbox"/>	<input type="checkbox"/>	_____
Open sores, cuts, or wounds are completely covered	<input type="checkbox"/>	<input type="checkbox"/>	_____	Employee Hand washing sign posted	<input type="checkbox"/>	<input type="checkbox"/>	_____
Smoking, eating, tasting, drinking or chewing gum procedures are observed and only in designated areas	<input type="checkbox"/>	<input type="checkbox"/>	_____	Advisory is provided to customers if serving raw or undercooked food.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Prep Area/Dry Storage/Large Equipment

	Yes	No	Action		Yes	No	Action
Room Temperature is between 50°F – 70°F	<input type="checkbox"/>	<input type="checkbox"/>	_____	Chemicals are stored away from food & other food related items	<input type="checkbox"/>	<input type="checkbox"/>	_____
All food & paper supplies stored dry & 6" – 8" off the floor	<input type="checkbox"/>	<input type="checkbox"/>	_____	Food slicer & can opener is clean to sight & touch. Sanitized between uses.	<input type="checkbox"/>	<input type="checkbox"/>	_____
All food is labeled with name & delivery date & from approved sources at proper temp	<input type="checkbox"/>	<input type="checkbox"/>	_____	Ice machine gaskets, inside & tubes clean. No Slime.	<input type="checkbox"/>	<input type="checkbox"/>	_____
FIFO method is being practiced	<input type="checkbox"/>	<input type="checkbox"/>	_____	Towels in sanitizer bucket. (150-400PPM)	<input type="checkbox"/>	<input type="checkbox"/>	_____
No bulging or leaking canned goods	<input type="checkbox"/>	<input type="checkbox"/>	_____	Dry Storage Shelves are cleaned, labeled, & items in closed containers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is covered & protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stainless steel is cleaned and polished.	<input type="checkbox"/>	<input type="checkbox"/>	_____
All surfaces & floors are clean including floor drains	<input type="checkbox"/>	<input type="checkbox"/>	_____	All items maintain temp during prep process	<input type="checkbox"/>	<input type="checkbox"/>	_____
All equipment shelves, gaskets are clean and at correct temp with thermometer	<input type="checkbox"/>	<input type="checkbox"/>	_____	Lighting Adequate. Fixtures shielded	<input type="checkbox"/>	<input type="checkbox"/>	_____
All cutting boards clean & in good repair	<input type="checkbox"/>	<input type="checkbox"/>	_____	Ready-to-Eat Food stored above raw food	<input type="checkbox"/>	<input type="checkbox"/>	_____

Refrigeration/Freezer/Cold Holding

	Yes	No	Action		Yes	No	Action
Temp Danger Zone: 42°F-134°F <2 hours				Frozen food thawed in refrigeration or under water in approved sink. Rapid Cool	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thermometers used & accurate in walk-in fridge & freezer	<input type="checkbox"/>	<input type="checkbox"/>	_____	135°F - 70°F < 2hrs, 70°F – 41°F <4hrs	<input type="checkbox"/>	<input type="checkbox"/>	_____
All Food labeled & in shelf life & covered	<input type="checkbox"/>	<input type="checkbox"/>	_____	Cold Holding Food held <41°F	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thawed food not refrozen	<input type="checkbox"/>	<input type="checkbox"/>	_____	Ready –to-Eat foods stored above raw food	<input type="checkbox"/>	<input type="checkbox"/>	_____
Refrigeration fans cleaned & good repair	<input type="checkbox"/>	<input type="checkbox"/>	_____	FIFO method being used	<input type="checkbox"/>	<input type="checkbox"/>	_____
Floor, shelves, & walls clean	<input type="checkbox"/>	<input type="checkbox"/>	_____	Food stored 6" off floor	<input type="checkbox"/>	<input type="checkbox"/>	_____

Re-Order Supplies

Health Inspection Criticals Checklist

Cook Line/Hot Holding

Temp Danger Zone: 42°F – 134°F <2hours

	Yes	No	Action		Yes	No	Action
All gaskets cleaned & good repair. Reach-ins clean & free of debris	<input type="checkbox"/>	<input type="checkbox"/>	_____	Raw eggs kept at temp & covered. Liquid pasteurized eggs in containers with lids	<input type="checkbox"/>	<input type="checkbox"/>	_____
All product is dated and within shelf life, Food dead in 4 hours.	<input type="checkbox"/>	<input type="checkbox"/>	_____	Line check temps logged/updated	<input type="checkbox"/>	<input type="checkbox"/>	_____
Towels in sanitizer buckets (150-400PPM)	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stem thermometers used & cleaned between use	<input type="checkbox"/>	<input type="checkbox"/>	_____
Burners cleaned & free of debris	<input type="checkbox"/>	<input type="checkbox"/>	_____	Food Cooked to Required Temps: *15 seconds Ground & Stuffed Meats - Poultry, Beef, Pork, Veal, Lamb >165°F	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gloves are used & changed at critical times. Towels used for cleaning only.	<input type="checkbox"/>	<input type="checkbox"/>	_____	Fresh Beef, Pork, Veal, Lamb > 145°F	<input type="checkbox"/>	<input type="checkbox"/>	_____
Utensils washed, rinsed, & sanitized between uses.	<input type="checkbox"/>	<input type="checkbox"/>	_____	Fresh Poultry & Ham >165°F	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exhaust hoods & filters cleaned & in good repair	<input type="checkbox"/>	<input type="checkbox"/>	_____	Seafood >145°F (Shellstock tags)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reheated food brought to 165°F >15 seconds	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hot Holding Food is held >140°F	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Ready-To-Eat Food stored above raw food	<input type="checkbox"/>	<input type="checkbox"/>	_____

Dish Area

	Yes	No	Action		Yes	No	Action
Dish machine sanitizer is 50 -100 PPM & temps correct - Hi temp 160°F wash, 180°F Rinse	<input type="checkbox"/>	<input type="checkbox"/>	_____	Towels in sanitizer buckets (150-400PPM)	<input type="checkbox"/>	<input type="checkbox"/>	_____
No "wet nesting" on dishes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Equipment & Utensils air dry after sanitized	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 compartment sink used properly with wash, rinse, sanitize cycles	<input type="checkbox"/>	<input type="checkbox"/>	_____	All food is washed in a proper food preparation sink	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chlorine test kits & thermometer used for sanitizing cycle	<input type="checkbox"/>	<input type="checkbox"/>	_____	Water in sinks is clean & free of debris	<input type="checkbox"/>	<input type="checkbox"/>	_____
For heat sanitizing, utensils immersed in water at 170°F for 30 seconds	<input type="checkbox"/>	<input type="checkbox"/>	_____	For chemical sanitizing use proper dilution	<input type="checkbox"/>	<input type="checkbox"/>	_____

Garbage Storage/ Disposal/Pest Control

	Yes	No	Action		Yes	No	Action
Trash cans clean & routinely emptied	<input type="checkbox"/>	<input type="checkbox"/>	_____	Dumpster lid closed & area door is closed.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boxes & containers removed from site	<input type="checkbox"/>	<input type="checkbox"/>	_____	No evidence of insects, rodents, or animals	<input type="checkbox"/>	<input type="checkbox"/>	_____
Loading dock & dumpster area clean	<input type="checkbox"/>	<input type="checkbox"/>	_____	Food returned, previously served, or unsafe immediately thrown in trash	<input type="checkbox"/>	<input type="checkbox"/>	_____

Manager's Notes

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Gloves	Test Strips	Sanitizer	Thermometers	Towels	Insect Killer	Garbage Cans	Garbage Bags
Brooms	Squeegees	Stainless Polish	Dish Detergent	Glass Cleaner	Degreaser	Labels	Floor Cleaner
Hair Nets	Band-Aids	Paper Towels	Hand Soap	Toilet Paper	Scrub Sponges	Mop Head	Film Wrap
Drain Cleaner	Grill Cleaner	Spray Bottles	Hand Washing Signs	Bleach	Office Supplies	Utensils	

Re-Order Supplies

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