

SANITATION CHECKLIST

FOOD SERVICE STAFF/ OFFENDER WORKERS	YES	NO	COMMENTS
1) Are food service workers inspected for open wounds and lesions, or other health issues upon reporting to work?			
2) Do food service workers appear in the appropriate attire?			
3) Are hands washed prior to beginning work duty?			

SERVING LINES	YES	NO	COMMENTS
1) Are the serving lines clean, including sneeze guards?			
2) Are staff members wearing hairnets or caps and clean dress?			
3) Are offender servers wearing hairnets, or caps and clean dress?			
4) Are the Hot Foods served at 135 ⁰ or above? Food Items Degrees <hr/> <hr/> <hr/> <hr/>			
5) Are the Cold foods served at 41 ⁰ or below? Food Items Degrees <hr/> <hr/> <hr/> <hr/>			

DINING ROOM	YES	NO	COMMENTS
1) Are the floors clean and repaired?			
2) Are the tables clean?			
3) Are the seats clean?			
4) Are the walls clean?			
5) Are the beverage areas clean?			
KITCHEN PRODUCTION AREAS			
1) Does the general appearance of the department indicate frequent cleaning?			
2) Are the floors cleaned and repaired?			
3) Are the walls and ceiling clean and repaired?			
4) Are there any overhead pipes that might leak into food or equipment?			
5) Are potentially hazardous foods meeting temperature requirements during storage, preparation, display, service, and transportation?			
6) Are the adequate facilities for maintaining food at hot or cold temperatures?			
7) Are hands washed and good hygienic practices in place?			
8) Is equipment used in the production area properly cleaned? (Steamed kettles, ovens, can opener, grill deep fat fryers, mixers, slicing machines, tilting skillets, etc.)			
9) Are rolling carts and hot foods carts cleaned?			
10) Are all utensils and equipment in good repair, that is, free of breaks, open seams, cracks, and chips?			
11) Are food contact surfaces of equipment clean to sight and touch?			
12) Are wiping cloths available and clean?			
13) Are wiping cloths properly stored?			
14) Is the importance of frequent hand washing stressed?			
15) Is chewing of tobacco or smoking observed in food production area?			
16) Are the ice and ice handling utensils properly			
17) Is the supply of hot water and cold water adequate?			

Retention Schedule: Upon completion, this Attachment shall be maintained locally for six (6) years and then destroyed.

FOOD STORAGE	YES	NO	COMMENTS
1) Are all food products protected from contamination?			
2) Are the containers of food stored off the floor and on a clean surface?			
3) Is all perishable food stored at the proper temperature?			
4) Are the potentially hazardous foods stored at 41 ⁰ or below (for cold foods), or 135 ⁰ or above (for hot food), as required?			
5) Are the frozen foods kept at to 20 ⁰ ?			
6) Are the potentially hazardous frozen foods thawed at refrigerated temperature of 41 ⁰ or below?			
7) Are cereals, sugars, and so forth kept in tightly covered and labeled containers?			
8) Are the refrigerators equipped with thermometers?			
DISH WASHING/POT WASHING	YES	NO	COMMENTS
1) Are all dishes properly scraped and if necessary, soaked before washing?			
2) Are adequate and suitable detergents used?			
3) If the dishes are machine-washed? a. Are they washed at 140 ⁰ or higher for 20 seconds? b. Are they rinsed at 180 ⁰ or higher for 10 seconds?			
4) If the chemical sanitized is used for the final rinse, was it properly dispensed and approved?			
5) If the dishes are washed manually, are they washed in water at 110 ⁰ or higher? Are dishes sanitized, by emersion, in: a. water maintained at 170 ⁰ for 30 seconds; or b. chlorine rinse at a temperature of not less than 75 ⁰ ; or c. Solution containing at least 12.5 pp of available iodine with ph of not higher than 5.0 and a temperature of not less than 75%?			

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GARBAGE DISPOSAL	YES	NO	COMMENTS
1) Is garbage removed in a timely manner?			
2) Are receptacles and liners non-absorbent?			
3) Are the receptacles covered by close fitting lids?			
4) Are the receptacles washed and emptied?			
5) Are the receptacles disinfected frequently?			

Supervisor's Signature: _____

Assigned Work Area: _____

Date: _____