



# Self-Inspection Checklist for Food Stores



Gets you back where you belong.™

Policy #:

Date:

Location Address:

**A vital part of loss control is the recognition and removal or correction of unsafe activities or conditions before a loss occurs. This checklist provides you with a tool to identify some areas that might need attention. A "NO" response to any question indicates corrective action may be necessary. This survey form should be completed at least quarterly, and reviewed by the various levels of management to assure that unsafe acts/conditions are corrected and follow-ups are scheduled to see if the correction(s) accomplishes its purpose. Additional measures may be required beyond those identified by this checklist.**

### Food Handling Practices:

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 1) Perishable or potentially hazardous foods properly stored and held at the correct temperature? .....                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Cutting boards washed and sanitized whenever the use switches between raw food and cooked or ready-to-serve food? .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Employees wash hands after wiping tables and busing soiled dishes, before handling place-settings and serving food? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Fire Protection and Prevention:

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| <i>Fire Extinguishers</i>   |                          |                          |                          |
| 1) Proper number and type(s) of fire extinguishers, charged and tagged to show last service date? .....               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Fire extinguishers properly wall-mounted, identified and adequately accessible for hazard involved? .....          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Employees trained in proper use of extinguishers and manual operation of sprinkler system? .....                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Sprinklers</i>   |                          |                          |                          |
| 4) Sprinkler system control valves secured in open position? .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Minimum of 18 inches clearance between stock storage and sprinkler heads? .....                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Clear space of three feet around sprinkler system's main control valve? .....                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Water pressure indicated on sprinkler system's lower gauge? .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Sprinkler system(s) periodically tested and maintained; written records kept on premises? .....                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>General Fire Safety</i>  |                          |                          |                          |
| 9) Employees instructed in evacuation procedures for both customers and employees? .....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Instructions prominently posted for reporting fire and calling Fire Department? .....                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Flammable and combustible liquids (paints, solvents, etc.) stored in metal safety cabinets or off premises? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Storage of combustibles not permitted within 30 feet of boilers, furnaces or other heat source? .....             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Electrical Equipment:

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1) All electrical equipment properly grounded, portable electrical equipment and extension cords have a ground prong? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Breaker switches properly marked? .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Electrical panel boxes have doors closed, clear area of 30 inches in front of boxes? .....                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Switches, switch boxes, outlets and wiring inspected periodically and deficiencies corrected? .....                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Storage Areas:

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1) Stock properly and securely stacked; stored on racks, shelves or pallets? .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Good housekeeping maintained, aisles clear, storage room orderly, floors free of debris, storage has proper clearances from hot-water heater and sprinklers? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Shelving and racks in good repair and secured to avoid tipping? .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Cold-storage and Refrigeration Equipment**

**Yes No N/A**

- 1) Refrigeration and air-conditioning compressors clean, well ventilated, kept clear of combustibles?
- 2) Walk-in cooler and freezer doors provided with operable interior-release mechanisms, alarm system, and axe?
- 3) When restocking, new stock placed at rear and old stock moved up front for use first?
- 4) Recommended holding times for food followed?

**Floors and Walking Surfaces**

**Yes No N/A**

- 1) Floor free from food spillage, broken glass, loose mats, torn carpets or other hazards?
- 2) Portable signs indicate wet-mopped floors or temporary hazards?
- 3) Stair treads equipped with abrasive strips or other nonskid surface?
- 4) Outdoor walkways checked frequently for tripping hazards; repairs made promptly?
- 5) Indoor-outdoor carpeting or other type of mat provided at entrance doors in inclement weather?
- 6) Changes in interior elevations properly illuminated?

**Exits**

**Yes No N/A**

- 1) Exits properly marked, illuminated and unobstructed; doors kept unlocked during hours of operation or equipped with panic bars?
- 2) Non-exit doors (to rest room area, kitchen, closets, etc.) identified properly?
- 3) Secure handrails on all stairs and steps?

**Exterior Areas**

**Yes No N/A**

- 1) Paths and parking lot well illuminated?
- 2) Steps, ramps, grounds, parking lot in good repair, free of holes or obstruction; well illuminated?
- 3) Snow and ice promptly removed from parking lot and all walkway surfaces, when necessary?
- 4) Car stops (bumper strips) painted contrasting colors so they are clearly visible?

**General Safe Practices**

**Yes No N/A**

- 1) Pest-control services performed by a licensed, independent extermination contractor? Are substances used approved for use in food establishments?
- 2) Fully equipped first-aid kit available at all times; at least one employee on each shift trained in its use?
- 3) Certificates of insurance required from all servicing contractors and suppliers?
- 4) Emergency telephone numbers for police and emergency medical services prominently posted?
- 5) Dishes and utensils taken out of service and discarded when chipped, cracked or broken?

**Crime**

**Yes No N/A**

- 1) Cash registers emptied and left open during non-operating hours?
- 2) Cash drawers skimmed frequently to reduce the cash in each drawer?
- 3) Bank deposits made at least twice daily with varying times and routes?
- 4) Combination to safe changed after turnover of money-handling personnel?
- 5) Back door equipped with a panic lock so it can be kept locked at all times, equipped with hinge pins?
- 6) Cash register tallies checked against deposits daily; other checks used to detect employee dishonesty?

**This checklist is intended only as a reminder and is offered solely as a guide to assist management in its responsibility to provide a safer environment. This checklist is not intended to cover all possible hazardous conditions or unsafe acts that may exist. Other unsafe acts or hazardous conditions should also be noted and corrective action taken.**

**Inspected by:**

**Date:**

**Corrections initiated by:**

**Date:**

# Unsafe Conditions Report



Gets you back where you belong.™

This form is designed for use by every level of management and employees. Management can utilize the form during formal inspections of the business to identify problem areas which need immediate attention. Employees are encouraged to use this form to report unsafe conditions to management.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location / area: \_\_\_\_\_

Hazard / problem: \_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## For Managerial Use Only

Repair / correction necessary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permanent  Temporary

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

.....

## Fill out and Return to Reporting Party

Date condition inspected: \_\_\_\_\_

Date work to start: \_\_\_\_\_

Date work to be completed: \_\_\_\_\_

No action taken: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_