



# FARMERS INSURANCE GROUP OF COMPANIES

## Loss Control Information Bulletin

NUMBER 7

### RESTAURANT LOSS PREVENTION SELF-INSPECTION CHECKLIST

An essential part of loss prevention is recognizing and then removing or correcting hazards before a loss can occur. This checklist should serve as a tool to help identify those areas needing attention. A “NO” response to any question indicates corrective action is necessary. This survey form should be completed monthly by top management to detect and correct hazards.

<b>Restaurant and Food Operations</b>	<b>Yes</b>	<b>No</b>
1. Kitchen waste materials stored in metal containers with tight-fitting lids, kept in designated areas and removed by carts to compactor or dumpster?	<input type="checkbox"/>	<input type="checkbox"/>
2. Chairs and tables free of pinch points and rough edges?	<input type="checkbox"/>	<input type="checkbox"/>
3. Operable automatic dry-chemical extinguishing system in hood and duct above ranges, grills and fat fryers?	<input type="checkbox"/>	<input type="checkbox"/>
3A. Extinguishing heads capped to prevent cooking buildup?	<input type="checkbox"/>	<input type="checkbox"/>
4. System's manual pull switches away from cooking equipment?	<input type="checkbox"/>	<input type="checkbox"/>
5. Extinguishing system(s) has semi-annual service contract with qualified firm?	<input type="checkbox"/>	<input type="checkbox"/>
6. Fuel supply for cooking equipment has automatic shut-off valve when extinguishing system activates?	<input type="checkbox"/>	<input type="checkbox"/>
7. Deep-fat fryer units controlled and provided with high-temperature shut-offs; overflow gutters provided?	<input type="checkbox"/>	<input type="checkbox"/>
8. Filters in exhaust system(s) cleaned at least daily?	<input type="checkbox"/>	<input type="checkbox"/>
9. Exhaust system(s) cleaned at least quarterly by qualified service contractor?	<input type="checkbox"/>	<input type="checkbox"/>
10. Cooking equipment and exhaust system hoods and ducts away from any combustible material?	<input type="checkbox"/>	<input type="checkbox"/>
11. Vapor-proof electric lights and conduit wiring provided for electrical equipment located in exhaust-system hood?	<input type="checkbox"/>	<input type="checkbox"/>





	YES	NO
12. Floors adjacent to deep-fat fryers dry and free of grease?	<input type="checkbox"/>	<input type="checkbox"/>
13. Floors adjacent to soft-drink syrup tanks cleaned regularly?	<input type="checkbox"/>	<input type="checkbox"/>
14. Floors behind sink mopped dry?	<input type="checkbox"/>	<input type="checkbox"/>
15. Knives placed in sheaths when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
16. Proper guards in place and used with meat-slicing machines?	<input type="checkbox"/>	<input type="checkbox"/>
17. Wooden push stick or proper guarding in place used when operating grinding machines?	<input type="checkbox"/>	<input type="checkbox"/>
18. Are all employees that use kitchen equipment properly trained before being allowed to use?	<input type="checkbox"/>	<input type="checkbox"/>

### **Food Handling Practices**

	YES	NO
1. Food, in pans or containers, kept off the floor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Perishable or potentially hazardous foods properly stored and not held at room temperature?	<input type="checkbox"/>	<input type="checkbox"/>
3. Fruits and vegetables thoroughly washed prior to preparation and serving?	<input type="checkbox"/>	<input type="checkbox"/>
4. Food warmers and steam tables used to reheat prepared foods?	<input type="checkbox"/>	<input type="checkbox"/>
5. Frozen foods properly thawed under refrigeration or under cold running water or cooked directly from frozen state?	<input type="checkbox"/>	<input type="checkbox"/>
6. 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"/>
7. Utensils, not hands, used to pick up rolls, bread, butter pats, ice, or other food to be served?	<input type="checkbox"/>	<input type="checkbox"/>
8. Employees wash hands after wiping tables and busing soiled dishes, before handling place-settings and serving food?	<input type="checkbox"/>	<input type="checkbox"/>
9. Food servers careful to not touch food-contact surfaces of plates, tumblers, cups and silverware when setting table or serving customer?	<input type="checkbox"/>	<input type="checkbox"/>

### **Fire Protection and Prevention**

	YES	NO
1. Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>
a. Fire extinguishers of proper type(s), adequate in number, charged and tagged to show last service date?	<input type="checkbox"/>	<input type="checkbox"/>
b. Fire extinguishers properly wall-mounted, located appropriately for hazard involved, identified and accessible?	<input type="checkbox"/>	<input type="checkbox"/>
c. Employees trained in proper use of extinguishers and manual operation of dry-chemical system protecting cooking equipment?	<input type="checkbox"/>	<input type="checkbox"/>
2. Sprinklers	<input type="checkbox"/>	<input type="checkbox"/>
a. System control valves secured in open position?	<input type="checkbox"/>	<input type="checkbox"/>
b. Minimum of 18" clearance between stock storage and sprinkler heads?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
c. Clear space of 3' around system's main control valve?	<input type="checkbox"/>	<input type="checkbox"/>
d. Water pressure indicated on system's lower gauge?	<input type="checkbox"/>	<input type="checkbox"/>
e. System(s) periodically tested and maintained; written record kept on premises?	<input type="checkbox"/>	<input type="checkbox"/>
f. System's local electric or water-motor alarm bell operable and audible?	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. General Fire Safety</b>		
a. Employees instructed in evacuation procedures for both customers and employees; trained not to show undue alarm and to avoid panic?	<input type="checkbox"/>	<input type="checkbox"/>
b. Periodic fire drills held to train employees what to do in case of a fire emergency?	<input type="checkbox"/>	<input type="checkbox"/>
c. Instructions conspicuously posted for reporting fire and calling Fire Department?	<input type="checkbox"/>	<input type="checkbox"/>
d. Hot pipes covered with thermal insulating materials; pipes and boilers not used as drying racks for clothing or towels?	<input type="checkbox"/>	<input type="checkbox"/>
e. Flammable and combustible liquids (paints, solvents, etc.) stored in metal safety cabinets or off premises?	<input type="checkbox"/>	<input type="checkbox"/>
f. Storage of combustibles not permitted within 30" of boilers, furnaces or other heat source?	<input type="checkbox"/>	<input type="checkbox"/>
g. "No Smoking" signs posted and rule enforced in storerooms and other required areas?	<input type="checkbox"/>	<input type="checkbox"/>

### **Electrical Equipment**

	YES	NO
1. Portable electrical equipment cords and extension cords in good condition, insulation not frayed or broken, plugs in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
2. All electrical equipment properly grounded, portable electrical equipment and extension cords have ground prong?	<input type="checkbox"/>	<input type="checkbox"/>
3. Breaker switches properly marked?	<input type="checkbox"/>	<input type="checkbox"/>
4. Electrical panel boxes have door closed, clear area of 30" in front of box?	<input type="checkbox"/>	<input type="checkbox"/>
5. Switches, switch boxes, outlets and wiring inspected periodically and deficiencies corrected?	<input type="checkbox"/>	<input type="checkbox"/>

### **Storage Areas**

	YES	NO
1. Carbon dioxide tanks chained in place, caps on valves of tanks not in use?	<input type="checkbox"/>	<input type="checkbox"/>
2. Stock properly and securely stacked; stored on racks, shelves or pallets?	<input type="checkbox"/>	<input type="checkbox"/>
3. Safety carton openers available and utilized?	<input type="checkbox"/>	<input type="checkbox"/>
4. Good housekeeping maintained: aisles clear, storage room orderly, floor free of debris, storage has proper clearances from hot-water heater and sprinklers?	<input type="checkbox"/>	<input type="checkbox"/>
5. Shelving and racks in good repair and secured to avoid tipping?	<input type="checkbox"/>	<input type="checkbox"/>

### **Cold Storage and Refrigeration Equipment**

	<b>YES</b>	<b>NO</b>
1. Refrigeration and air-conditioning compressors clean, well ventilated, kept clear of combustibles?	<input type="checkbox"/>	<input type="checkbox"/>
2. Compressor pulleys and driver belts properly guarded?	<input type="checkbox"/>	<input type="checkbox"/>
3. Walk-in cooler and freezer doors provided with operable interior-release mechanisms, alarm system, and axe?	<input type="checkbox"/>	<input type="checkbox"/>
4. Freezers provided with moisture-proof lighting globes, wiring in conduit?	<input type="checkbox"/>	<input type="checkbox"/>
5. When restocking, new stock placed at rear and old stock moved up front for use first?	<input type="checkbox"/>	<input type="checkbox"/>
6. Cartons inspected for damage, spoiled and damaged food disposed of promptly and properly?	<input type="checkbox"/>	<input type="checkbox"/>
7. Recommended holding times for food followed?	<input type="checkbox"/>	<input type="checkbox"/>
8. Refrigeration equipment serviced under contract at regular bi-annual intervals?	<input type="checkbox"/>	<input type="checkbox"/>

### **Floors and Walking Surfaces**

	<b>YES</b>	<b>NO</b>
1. Quarry-tile floors contain abrasive grit or are etched for better traction?	<input type="checkbox"/>	<input type="checkbox"/>
2. Floor free from food spillage, silverware, broken glassware, loose mats, torn carpets or other hazards?	<input type="checkbox"/>	<input type="checkbox"/>
3. Portable signs indicate wet-mopped floors or temporary hazards?	<input type="checkbox"/>	<input type="checkbox"/>
4. Quarry-tile floors steam-cleaned periodically to remove accumulations of grease and soap?	<input type="checkbox"/>	<input type="checkbox"/>
5. Non-skid wax used on plastic-tile floors?	<input type="checkbox"/>	<input type="checkbox"/>
6. Stair treads equipped with abrasive strips or other nonskid surface?	<input type="checkbox"/>	<input type="checkbox"/>
7. Outdoor walkways checked frequently for tripping hazards; repairs made promptly?	<input type="checkbox"/>	<input type="checkbox"/>
8. Indoor-outdoor carpeting or other type of mats provided at entrance doors in inclement weather?	<input type="checkbox"/>	<input type="checkbox"/>
9. Changes in interior elevations properly illuminated?	<input type="checkbox"/>	<input type="checkbox"/>

### **Exits**

	<b>YES</b>	<b>NO</b>
1. Exits properly marked, illuminated and unobstructed; doors kept unlocked during hours of operation or equipped with panic bars?	<input type="checkbox"/>	<input type="checkbox"/>
2. Non-exit doors (to rest room area, kitchen, closets, etc.) identified properly?	<input type="checkbox"/>	<input type="checkbox"/>



	YES	NO
3. Not more than one-half of the stairway to the basement blocked by roller conveyors or chute during deliveries?	<input type="checkbox"/>	<input type="checkbox"/>
4. Secure handrails on all stairs and steps?	<input type="checkbox"/>	<input type="checkbox"/>

### Exterior Areas

	YES	NO
1. Paths and parking lot well illuminated?	<input type="checkbox"/>	<input type="checkbox"/>
2. Steps, ramps, grounds, parking lot in good repair, free from holes or obstruction; well illuminated?	<input type="checkbox"/>	<input type="checkbox"/>
3. Snow and ice promptly removed from parking lot and all walkway surfaces, when necessary?	<input type="checkbox"/>	<input type="checkbox"/>
4. Car stops (bumper strips) painted contrasting colors so they are clearly visible?	<input type="checkbox"/>	<input type="checkbox"/>

### Rest Rooms

	YES	NO
1. Customer and employee facilities have clean sink, mirrors and commodes?	<input type="checkbox"/>	<input type="checkbox"/>
2. Floors dry and clean?	<input type="checkbox"/>	<input type="checkbox"/>
3. Soap and towels or air dryer provided?	<input type="checkbox"/>	<input type="checkbox"/>
3A. Air dryer and towel dispenser placed away from walking areas?	<input type="checkbox"/>	<input type="checkbox"/>
4. Employees required to wash hands thoroughly before leaving the rest room?	<input type="checkbox"/>	<input type="checkbox"/>
5. Lights operate satisfactorily?	<input type="checkbox"/>	<input type="checkbox"/>

### Waste Disposal

	YES	NO
1. Trash compactor's door equipped with operable interlock?	<input type="checkbox"/>	<input type="checkbox"/>
2. Trash containers clean; area free of debris, spilled food, grease, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
3. Cartons, paper wrappings, etc., stored in non-combustible containers and removed from storeroom frequently?	<input type="checkbox"/>	<input type="checkbox"/>

### General Safe Practices

	YES	NO
1. Pest-control services performed by a licensed, independent extermination contractor, substances used approved for use in food establishments?	<input type="checkbox"/>	<input type="checkbox"/>
2. Own pest-control supplies approved for use in food establishments?	<input type="checkbox"/>	<input type="checkbox"/>
3. Pest-control supplies stored off premises?	<input type="checkbox"/>	<input type="checkbox"/>
4. Heimlich Maneuver posters in plain view; employees trained, where required by law?	<input type="checkbox"/>	<input type="checkbox"/>
5. Fully equipped first-aid kit available at all times; at least one employee on each shift trained in its use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Certificates of insurance required from all servicing contractors and suppliers with liability limits equal to the operators?	<input type="checkbox"/>	<input type="checkbox"/>



	YES	NO
7. Emergency telephone numbers for police and emergency medical services conspicuously posted?	<input type="checkbox"/>	<input type="checkbox"/>
8. Dishes and utensils taken out of service and discarded when chipped, cracked or broken?	<input type="checkbox"/>	<input type="checkbox"/>

**Crime**

	YES	NO
1. Cash registers emptied and left open during non-operating hours?	<input type="checkbox"/>	<input type="checkbox"/>
2. Cash drawers skimmed frequently to reduce the amount of cash in each drawer?	<input type="checkbox"/>	<input type="checkbox"/>
3. Cash on premises kept to a minimum by making frequent bank deposits signs posted?	<input type="checkbox"/>	<input type="checkbox"/>
4. Bank deposits made at least twice daily with varying times and routes?	<input type="checkbox"/>	<input type="checkbox"/>
5. Double-key system used on night deposit bags; representatives of the restaurant and the bank needed to count the deposits?	<input type="checkbox"/>	<input type="checkbox"/>
6. Background and references checked on all management personnel responsible for counting cash and making deposits?	<input type="checkbox"/>	<input type="checkbox"/>
7. Combination to safe changed after turnover of money-handling personnel?	<input type="checkbox"/>	<input type="checkbox"/>
8. Interior (including safe) well-illuminated during non-operating hours?	<input type="checkbox"/>	<input type="checkbox"/>
9. At least two employees trained for and participate in opening and closing procedures?	<input type="checkbox"/>	<input type="checkbox"/>
10. Back door equipped with a panic lock so it can be kept locked at all times; equipped with hinge pins?	<input type="checkbox"/>	<input type="checkbox"/>
11. Cash register tallies checked against deposits daily; other checks used to detect employee dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>

**Work Permit**

Work permit required of all minor employees, where applicable by state law, with job descriptions outlined.

**Self-Inspection Checklist – Comments**

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This checklist is intended only as a reminder and is offered solely as a guide to assist management in its responsibility of providing a safer working 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 \_\_\_\_\_

Corrected by \_\_\_\_\_ Date \_\_\_\_\_