

FOOD SAFETY CHECKLIST

Date _____ Observer _____

Directions: Use this checklist on a regular basis. Determine areas in your operations requiring corrective action. Record corrective action taken and keep completed records in a notebook for future reference.

PERSONNEL

	Yes	No	Corrective Action
• Food Safety Certification is current and posted.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Employees wear clean and proper uniform including shoes.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Effective hair restraints are properly worn.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Fingernails are short, unpolished, and clean (no artificial nails).	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Jewelry is limited to a plain ring, such as wedding band.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Hands are washed properly, frequently, and at appropriate times.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Burns, wounds, sores or scabs, or splints and water-proof bandages on hands are bandaged and completely covered with a foodservice glove while handling food.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Eating, drinking, chewing gum, smoking, or using tobacco are allowed only in designated areas away work areas.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Employees use disposable tissues when coughing or sneezing and then immediately wash hands.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Employees appear in good health.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Hand sinks are unobstructed, operational, and clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Hand sinks are stocked with soap, disposable towels, and warm water.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• A handwashing reminder sign is posted.	<input type="checkbox"/>	<input type="checkbox"/>	_____

FOOD PREPARATION

	Yes	No	Corrective Action
• All food stored or prepared in facility is from approved sources.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food equipment utensils, and food contact surfaces are properly washed, rinsed, and sanitized before every use and at a minimum of 4 hours when in use	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Frozen food is thawed under refrigeration, cooked to proper temperature from frozen state, or in cold running water.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Thawed food is not refrozen.	<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"/>	_____
• Food is handled with suitable utensils, such as single use gloves or tongs	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is prepared in small batches to limit the time it is in the temperature danger zone.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is cooked to the required safe internal temperature for the appropriate time. The temperature is tested with a calibrated food thermometer.	<input type="checkbox"/>	<input type="checkbox"/>	_____

HOT HOLDING

	Yes	No	Corrective Action
• Hot holding unit is clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is heated to the required safe internal temperature before placing in hot holding. Hot holding units are not used to reheat potentially hazardous foods.	<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"/>	_____
• Temperature of hot food being held is at or above 135 °F.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is protected from contamination.	<input type="checkbox"/>	<input type="checkbox"/>	_____

COLD HOLDING

	Yes	No	Corrective Action
• Refrigerators are kept clean and organized.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Temperature of cold food being held is at or below 41 °F.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is protected from contamination.	<input type="checkbox"/>	<input type="checkbox"/>	_____

REFRIGERATOR, FREEZER, AND MILK COOLER

	Yes	No	Corrective Action
• Thermometers are visible and accurate.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Temperature is appropriate for pieces of equipment.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is stored 6 inches off floor or in walk-in cooling equipment.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Refrigerator and freezer units are clean and neat.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Proper chilling procedures are used.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• All food is properly wrapped, labeled, and dated.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• The FIFO (First In, First Out) method of inventory management is used.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Ambient air temperature of all refrigerators and freezers is monitored and documented at the beginning and end of each shift.	<input type="checkbox"/>	<input type="checkbox"/>	_____

FOOD STORAGE AND DRY STORAGE

	Yes	No	Corrective Action
• All food and paper supplies are stored 6 to 8 inches off the floor.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• All food is labeled with name and received date.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Open bags of food are stored in containers with tight fitting lids and labeled with common name.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• The FIFO (First In, First Out) method of inventory management is used.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• There are no bulging, severely dented or leaking canned goods.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is protected from contamination.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• All surfaces and floors are clean.	<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"/>	_____
• There is a regular cleaning schedule for all food surfaces.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is stored in original container or a food grade container.	<input type="checkbox"/>	<input type="checkbox"/>	_____

CLEANING AND SANITIZING

	Yes	No	Corrective Action
• Three-compartment sink is properly set up for ware washing.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Dishmachine is working properly (such as gauges and chemicals are at recommended levels).	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Water is clean and free of grease and food particles.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Water temperatures are correct for wash and rinse.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• If heat sanitizing, the utensils are allowed to remain immersed in 171 °F water for 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• If using a chemical sanitizer, it is mixed correctly and a sanitizer strip is used to test chemical concentration.			
• High-temperature dish machine reaches a minimum of 180°F during final rinse cycle.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• All equipment, dishes and utensils are allowed to air dry.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Wiping cloths are stored in sanitizing solution while in use.	<input type="checkbox"/>	<input type="checkbox"/>	_____

UTENSILS AND EQUIPMENT

	Yes	No	Corrective Action
• All small equipment and utensils, including cutting boards and knives, are cleaned and sanitized between uses.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Small equipment and utensils are washed, sanitized, and air-dried.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Work surfaces and utensils are clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Work surfaces are cleaned and sanitized between uses.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Thermometers are cleaned and sanitized after each use.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Thermometers are calibrated on a routine basis.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Can opener is clean.	<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"/>	_____
• Small equipment is inverted, covered, or otherwise protected from contamination when stored.	<input type="checkbox"/>	<input type="checkbox"/>	_____

LARGE EQUIPMENT

	Yes	No	Corrective Action
• Food slicer is clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food slicer is broken down, cleaned, and sanitized before and after every use.	<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"/>	_____
• Exhaust hood and filters are clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• All other pieces of equipment are clean to sight and touch – equipment on serving line, storage, shelving, cabinets, ovens, ranges, fryers, steam equipment, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____

GARBAGE STORAGE AND DISPOSAL

	Yes	No	Corrective Action
• Kitchen garbage cans are clean and kept covered.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Garbage cans are emptied as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Boxes and containers are removed from site.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Loading dock and area around dumpster are clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Dumpster lids are closed and dumpsters are clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____

PEST CONTROL

	Yes	No	Corrective Action
• Outside doors have screens, are well-sealed, and are equipped with a self-closing device.	<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"/>	_____

FACILITIES

	Yes	No	Corrective Action
• Floors, walls, ceilings are clean, well-maintained and in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Adequate lighting and ventilation is provided throughout facility.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Lights are shielded or shatterproof.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Plumbing is in good repair, not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Grease traps are routinely cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Restrooms are clean, well maintained and in good working order.	<input type="checkbox"/>	<input type="checkbox"/>	_____



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