

# Food Service Manager Self-Inspection Checklist (H-3063)

Date \_\_\_\_\_

Observer \_\_\_\_\_

Use this checklist once a week to determine areas in your operation requiring corrective action. Record corrective action taken, and keep completed records in a notebook for future reference.

**Personal Dress and Hygiene**

	Yes	No	Corrective Action
Hair restraints are worn.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fingernails are short, unpolished, and clean .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jewelry is limited to plain ring.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hands are washed and/or gloves are changed at critical points.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Open sores, cuts, splints and bandages on hands are completely covered while handling food.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ill employees are restricted or excluded as needed .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hands are washed thoroughly using proper hand-washing procedures at critical points.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eating, drinking or chewing gum are observed only in designated areas away from work areas .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Employees take appropriate action when coughing or sneezing.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Food Storage and Dry Storage**

	Yes	No	Corrective Action
All food and paper supplies are 6 to 8 inches off the floor .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
The FIFO (First In, First Out) method of inventory is being practiced .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
There are no bulging or leaking canned goods in storage.....	<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 stored away from food and other food-related supplies.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Large Equipment**

	Yes	No	Corrective Action
Food slicer is clean to sight and touch .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food slicer is sanitized between uses when used with potentially hazardous foods.....	<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 lines, storage shelves, cabinets, ovens, ranges, fryers and steam equipment.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Refrigerator, Freezer and Milk Cooler**

	Yes	No	Corrective Action
Thermometers are conspicuous and accurate .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Temperature is 41°F or below for cooler, 0°F for freezer .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is stored 6 inches off floor in walk-ins.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unit is clean .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper procedures have been practiced .....	<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 is being practiced .....	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Food Handling**

	Yes	No	Corrective Action
Frozen food is thawed under refrigeration or in cold running water.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is not allowed to be in the "temperature danger zone" .....	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Food Handling, continued**

	<b>Yes</b>	<b>No</b>	<b>Corrective Action</b>
Food is tasted using proper method.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is not allowed to become cross-contaminated.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ready-to-eat food is handled with utensils, clean gloved hands or tissue.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reusable towels are not used for drying hands.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods are cooked to proper temperatures.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is cooled to proper temperatures.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Produce is properly rinsed.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Utensils and Equipment**

	<b>Yes</b>	<b>No</b>	<b>Corrective Action</b>
All small equipment and utensils, including cutting boards, are sanitized between uses.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Small equipment and utensils are air dried.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work surfaces are clean to sight and touch.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work surfaces are washed and sanitized between uses.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thermometers are washed and sanitized after each use.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Can opener is clean to sight and touch.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drawers and racks are clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Small equipment is inverted, covered, or otherwise protected from dust and contamination when stored.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Hot Holding**

	<b>Yes</b>	<b>No</b>	<b>Corrective Action</b>
Unit is clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is reheated to 165°F before placing in hot holding.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Temperature of food being held is above 135°F.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is protected from contamination.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Cleaning and Sanitizing**

	<b>Yes</b>	<b>No</b>	<b>Corrective Action</b>
Three-compartment sink is properly set up for warewashing.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Test kit or thermometer is used to check sanitizing rinse.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
The water temperatures are accurate.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
If using chemical sanitizer, it is the proper dilution.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
The utensils are allowed to dry.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wiping cloths are stored in sanitizing solution when not in use.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
The water is clean and free of grease and food particles.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Garbage Storage and Disposal**

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

**Pest Control**

	<b>Yes</b>	<b>No</b>	<b>Corrective Action</b>
Screens are kept closed and doors are in good repair.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
No evidence of pests is present.....	<input type="checkbox"/>	<input type="checkbox"/>	_____