

HACCP-Based SOPs

FOOD SAFETY CHECKLIST

Date _____ Observer _____

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

PERSONAL HYGIENE

	Yes	No	Corrective Action
• 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 and a watch and no bracelets.	<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 from preparation, service, storage, and ware washing 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"/>	_____
• Employee restrooms are operational and clean.	<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.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Smallware 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"/>	_____

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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"/>	_____

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"/>	_____

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"/>	_____
● 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"/>	_____