

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.

REFRIGERATOR, FREEZER, AND MILK COOLER	Yes	No	Corrective Action
● Thermometers are available 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
● Temperatures of dry storage area is between 50 °F and 70 °F or State public health department requirement.	<input type="checkbox"/>	<input type="checkbox"/>	_____
● 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 or leaking canned goods.	<input type="checkbox"/>	<input type="checkbox"/>	_____
● Food is protected from contamination.	<input type="checkbox"/>	<input type="checkbox"/>	_____
● All food surfaces 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"/>	_____