

# Self-Inspection Checklist for Food Stores

Policy number:  
Location address:

Date:

A vital part of loss control is the recognition and removal or correction of unsafe activities or conditions before a loss occurs. This checklist provides you with a tool to identify some areas that might need attention. A "NO" response to any question indicates corrective action may be necessary. This survey form should be completed at least quarterly, and reviewed by the various levels of management to assure that unsafe acts/conditions are corrected and follow-ups are scheduled to see if the correction(s) accomplishes its purpose. Additional measures may be required beyond those identified by this checklist.

## Food Handling Practices

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 1. Perishable or potentially hazardous foods properly stored and held at the correct temperature? .....                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 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"/> | <input type="checkbox"/> |
| 3. Employees wash hands after wiping tables and busing soiled dishes, before handling place-settings and serving food? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Fire Protection and Prevention

- |  | Yes | No | N/A |
|--|-----|----|-----|
|--|-----|----|-----|

### Fire Extinguishers

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Proper number and type(s) of fire extinguishers, charged and tagged to show last service date? .....              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Fire extinguishers properly wall-mounted, identified and adequately accessible for hazard involved? .....         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Employees trained in proper use of extinguishers - and manual operation of sprinklers protecting the store? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Sprinklers

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 4. Sprinkler system control valves secured in open position? .....                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Minimum of 18 inches clearance between stock storage and sprinkler heads? .....                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Clear space of three feet around sprinkler system's main control valve? .....                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Water pressure indicated on sprinkler system's lower gauge? .....                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Sprinkler system(s) periodically tested and maintained; written records kept on premises? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### General Fire Safety

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 9. Employees instructed in the evacuation procedures for both customers and employees? .....                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Instructions prominently posted for reporting fire and calling Fire Department? .....                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Flammable and combustible liquids (paints, solvents, etc.) stored in metal safety cabinets or off premises? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Storage of combustibles not permitted within 30 feet of boilers, furnaces or other heat source? .....             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Electrical Equipment

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1. All electrical equipment properly grounded, portable electrical equipment and extension cords have a ground prong? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Breaker switches properly marked? .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Electrical panel boxes have doors closed, clear area of 30 inches in front of boxes? .....                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Switches, switch boxes, outlets and wiring inspected periodically and deficiencies corrected? .....                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Storage Areas

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 1. Stock properly and securely stacked; stored on racks, shelves or pallets? .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Good housekeeping maintained, aisles clear, storage room orderly, floors free of debris, storage has proper clearance from hot-water heater and sprinklers? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Shelving and racks in good repair and secured to avoid tipping? .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Cold-storage and Refrigeration Equipment

	Yes	No	N/A
1. Refrigeration and air-conditioning compressors clean, well ventilated, kept clear of combustibles?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Walk-in cooler and freezer doors provided with operable interior-release mechanisms, alarm system, and axe? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When restocking, new stock placed at rear and old stock moved up front for use first? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Recommended holding times for food followed? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Floors and Walking Surfaces

	Yes	No	N/A
1. Floor free from loose mats, torn carpets or other hazards? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Portable signs indicate wet-mopped floors or temporary hazards? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stair treads equipped with abrasive strips or other nonskid surface? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Outdoor walkways checked frequently for tripping hazards; repairs made promptly? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Indoor-outdoor carpeting or other type of mat provided at entrance doors in inclement weather? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Changes in interior elevations properly illuminated? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Exits

	Yes	No	N/A
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"/>	<input type="checkbox"/>
2. Non-exit doors (to rest room area, closets, etc.) identified properly? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Secure handrails on all stairs and steps? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Exterior Areas

	Yes	No	N/A
1. Paths and parking lot well illuminated? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Steps, ramps, grounds, parking lot in good repair, free of holes or obstruction; when necessary? .....	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
4. Car stops (bumper strips) painted contrasting colors so they are clearly visible? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## General Safe Practices

	Yes	No	N/A
1. Pest-control services performed by a licensed, independent extermination contractor? Are substances used approved for use? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 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"/>	<input type="checkbox"/>
3. Certificates of insurance required from all servicing contractors and suppliers? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Emergency telephone numbers for police and emergency medical services prominently posted? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Dishes and utensils taken out of service and discarded when chipped, cracked or broken? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Crime

	Yes	No	N/A
1. Cash registers emptied and left open during non-operating hours?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cash drawers skimmed frequently to reduce the cash in each drawer? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Bank deposits made at least twice daily with varying times and routes? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Combination to safe changed after turnover of money-handling personnel? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. 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"/>	<input type="checkbox"/>
6. Cash register tallies checked against deposits daily; other checks used to detect employee dishonesty? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Corrections initiated by: \_\_\_\_\_ Date: \_\_\_\_\_

# Unsafe Conditions Report



This form is designed for use by every level of management and employees. Management can utilize the form during formal inspections of the business to identify problem areas which need immediate attention. Employees are encouraged to use this form to report unsafe conditions to management.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location / area: \_\_\_\_\_

## Hazard / problem

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### For Managerial Use Only

## Repair / correction necessary

Permanent    Temporary

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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### Fill Out and Return to Reporting Party

Date condition inspected: \_\_\_\_\_

Date work to start: \_\_\_\_\_

Date work to be completed: \_\_\_\_\_

No action taken: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_