# **FOOD SAFETY FIRST - DAILY CHECKLIST**

Modify this form to create a daily checklist to use in your food establishment. Add or delete items and checklists as needed.

If you answer **NO** to any of the items on any checklist:

* fix the problem immediately
* use an ACTION PLAN to record the corrections (page 3).

The manager should highlight any unacceptable item on the list (answered **NO**) and ensure an ACTION PLAN is completed.

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| Opening Checks *(Action required if requirement not achieved)* | | **YES** | **NO** |
| 1 | Hot and cold running water available from all sinks? |  |  |
| 2 | All hand sinks equipped with soap and disposable paper towels in dispensers? |  |  |
| 3 | Cleaning cloth buckets prepared and sanitizer concentration verified with chemical test strips? |  |  |
| 4 | Cooler and freezer temperatures taken and recorded below? |  |  |
| 5 | Cooler storage practices good? (raw meat storage practices, food containers covered)? |  |  |
| 6 | Dishwasher is working correctly & concentration/temperature recorded below? |  |  |
| 7 | Equipment clean, well maintained, and free of physical defects? |  |  |
| 8 | Food prep areas cleaned and sanitized (work surfaces, equipment, utensils etc.) |  |  |
| 9 | FIFO (First In, First Out) practiced; no visibly spoiled or tainted foods? |  |  |
| 10 | No evidence of insects/vermin in storage, processing, and retail areas (monitoring stations)? |  |  |
| 11 | No ill food handlers on duty (diarrhea, vomiting, jaundice); Food handlers free of exposed cuts? |  |  |
| 12 | Manager/Staff with Provincially approved food safety certification or equivalent on duty? |  |  |
| Time Checked (24hrs):  Initials: | |  | |
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| **Commercial Dishwasher Checks**:  Measured temperature of water and/or concentration of sanitizer at rinse cycle.  *(Complete Action Plan if Concentration (Conc.) or Temperature is not achieved)* |  | **Conc./Temp** | **Time** | **Initials** |
| Morning |  |  |  |
| Mid-day |  |  |  |
| Evening |  |  |  |

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| **Food Temperature Checks** | | | | | | | |
| **Cooler/Freezer** | **open** | **mid-day** | **close** | **Hot Holding** | **open** | **mid-day** | **close** |
| Walk-in Cooler |  |  |  | Steam Table |  |  |  |
| Walk-in Freezer |  |  |  | Soup Warmers |  |  |  |
| Prep Cooler |  |  |  |  |  |  |  |
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| Time checked:  Initials: |  |  |  | Time checked:  Initials**:** |  |  |  |
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| Action required if foods above 4°C and below 60°C. | | | | | | | |

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| Mid-Day Food Handling Checks (To be checked between opening and closing time) | | **Check**  **#1** | | **Check**  **#2** | |
| **Y** | **N** | **Y** | **N** |
| Food is handled, stored, and displayed in a manner that minimizes cross-contamination? | |  |  |  |  |
| Frequent hand washing observed (Soap & disposable paper towels available at hand basins)? | |  |  |  |  |
| High hazard foods (cooked or raw) NOT being held at room temperature for > 30 minutes? | |  |  |  |  |
| Cleaning cloths stored in a sanitizing solution & verified with chemical test strips? | |  |  |  |  |
| Time Checked (24hrs): | |  | |  | |
| Initials: | |  | |  | |
| Closing Checks | | | | **Y** | **N** |
| 1 | Cooler and freezer temperatures taken and recorded on previous page? | | |  |  |
| 2 | Dirty cleaning cloths removed for cleaning and replaced with new ones? | | |  |  |
| 3 | Waste bins have been emptied & garbage bags removed from kitchen? | | |  |  |
| 4 | All dirty laundry (cleaning cloths, aprons, etc.) have been placed in designated dirty laundry bag? | | |  |  |
| 5 | Cleaning has been completed as outlined in cleaning schedule? | | |  |  |
| Time Checked (24hrs):  Initials: | | | |  | |
|  | |

##### Action Plan Form

For each entry, record:

* The nature of the problem.
* The corrective action(s) taken to correct the problem
* The date and time the problem was corrected.

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| Unacceptable Item (answered **NO** in checklist) | Corrective action(s) taken | **Problem Corrected** | | |
| **time (24hrs)** | **date** | **initials** |
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***Notes / Comments***:

## Supervisor/Manager’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F-16-003

Created: Jun/16

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| ***For more information, please contact your nearest Environmental Public Health office.*** | | | |
| *Edmonton Main Office*  *Calgary Main Office*  *Lethbridge Main Office* | *780-735-1800*  *403-943-2288*  *403-388-6689* | *Grande Prairie Main Office*  *Red Deer Main Office*  *www.ahs.ca/eph* | *780-513-7517*  *403-356-6366* |