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.

|  |  |  |  |
| --- | --- | --- | --- |
| **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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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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**:** |  |  |  |
|  |  |  |  |  |  |
| *Action required if foods above 4°C and below 60°C.* | | | | | | | |

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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 |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Closing Checks** | **Y** | **N** |
| Cooler and freezer temperatures taken and recorded on previous page? |  |  |
| Dirty cleaning cloths removed for cleaning and replaced with new ones? |  |  |
| Waste bins have been emptied & garbage bags removed from kitchen? |  |  |
| All dirty laundry (cleaning cloths, aprons, etc.) have been placed in designated dirty laundry bag? |  |  |
| Cleaning has been completed as outlined in cleaning schedule? |  |  |
| Time Checked (24hrs):  Initials: |  | |
|  | |

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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: |  | |  | |

**Action Plan Form**

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

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

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

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