Food Safety Daily Checklist

Facility:_____

Date:_____ **Checked By:**_____

Area	Product	Temp	Time	Temp	Time	Temp	Time

Item	Description	OK
1	**All use by and sell by dates not expired, no mold or spoilage**	
2	Food products labeled	
3	**Proper temperatures (see above)**	
4	Proper temperatures on cold holding unit	
8	Al food items 6 inches off floor, covered	
9	Proper utensils for handling food no cups, bowls, etc	
10	Utensils stored properly	
12	**Employees washing hands, Employees healthy, No smoking in kitchen**	
13	Clean clothes & proper uniform including hair restraint	
16	3-part sink set up correctly (wash-rinse-sanitize)	
20	**Sanitizer at correct concentration Type: amount:**	
22	Food contact surfaces clean	
29	No leaks in plumbing, condensation lines	
31,32	**Handwash sinks working, accessible, properly stocked**	
33,34	Garbage taken out, garbage area clean, lids closed	
35	**No pests seen, no evidence of pests, doors closed**	
36-38	No dirt, debris on floors, walls ceilings	
41	Toxic materials labeled, stored properly, used properly	

Note: critical item marked in bold

Notes (continue on back):

Biotest Services Inc.

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