

BAKERY INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Facility Cleanliness

- Yes No — Floors, walls, and ceilings are clean and free from residue
- Yes No — Work surfaces and preparation tables are sanitized regularly
- Yes No — Waste containers are emptied regularly and covered

Ingredient Storage

- Yes No — Ingredients are labeled, dated, and stored properly
- Yes No — Dry goods are stored off the floor in sealed containers
- Yes No — Refrigerated and frozen items are at correct temperatures

Bakery Equipment

- Yes No — Mixers, ovens, and slicers are clean and operational
- Yes No — Equipment maintenance logs are up to date
- Yes No — Moving parts are guarded and safety interlocks are functional

Pest Control

- Yes No — No evidence of pest activity is observed
- Yes No — Pest control services are scheduled and records maintained
- Yes No — Doors and vents are sealed to prevent entry

Food Handling and Hygiene

- Yes No — Staff wear appropriate PPE (gloves, hairnets, aprons)
- Yes No — Handwashing stations are functional and stocked
- Yes No — Cross-contamination procedures are enforced

Packaging and Storage

- Yes No — Finished baked goods are packaged in clean, food-safe materials
- Yes No — Storage areas are clean, organized, and properly labeled
- Yes No — Expired or damaged products are disposed of correctly

Fire Safety

- Yes No — Fire extinguishers are inspected and accessible
- Yes No — Ovens and electrical systems show no fire hazards
- Yes No — Emergency exits are marked and unobstructed

Documentation and Compliance

Yes No — Cleaning and inspection logs are complete

Yes No — Staff training and safety records are maintained

Yes No — Operations comply with local health regulations

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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