

FOOD MANUFACTURING FACILITY INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Facility Cleanliness

- Yes No — Floors, walls, and ceilings are clean and in good condition
- Yes No — Waste is removed regularly and stored appropriately
- Yes No — Workstations are organized and free of debris

Production Equipment

- Yes No — Equipment is clean, maintained, and sanitized regularly
- Yes No — Food contact surfaces are corrosion-free and non-toxic
- Yes No — Preventive maintenance logs are up to date

Food Safety Controls

- Yes No — Temperature and humidity are monitored and recorded
- Yes No — Allergen controls are in place and clearly labeled
- Yes No — Products are properly labeled and traceable

Pest Control

- Yes No — Facility is free from signs of pest activity
- Yes No — Pest control services are current and documented
- Yes No — Doors and vents are sealed to prevent infestation

Employee Hygiene

- Yes No — Staff wear clean uniforms, gloves, and hair coverings
- Yes No — Handwashing stations are functional and fully stocked
- Yes No — Hygiene policies are clearly posted and enforced

Storage and Handling

- Yes No — Raw materials are stored in clean, dry conditions
- Yes No — Cold storage units are at correct temperatures
- Yes No — Finished goods are stored safely and securely

Cleaning and Sanitation

- Yes No — Cleaning schedules are documented and followed
- Yes No — Sanitizers are properly labeled and used according to instructions
- Yes No — Equipment and tools are stored in sanitary conditions

Documentation and Compliance

Yes No — Inspection records are complete and accessible

Yes No — Staff training records are current

Yes No — Facility complies with all relevant health regulations

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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