

FOOD SERVICE INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Food Handling

- Yes No — Food is handled with clean, sanitized utensils and gloves
- Yes No — Time and temperature controls are properly maintained
- Yes No — Raw and cooked foods are stored separately

Food Storage

- Yes No — Dry storage is clean, organized, and free from pests
- Yes No — Cold storage temperatures are within safe limits
- Yes No — Expired food items are discarded immediately

Cleanliness and Hygiene

- Yes No — Work surfaces and equipment are cleaned and sanitized regularly
- Yes No — Handwashing stations are accessible and fully stocked
- Yes No — Waste is disposed of properly and promptly

Kitchen Equipment

- Yes No — Equipment is clean, functional, and regularly maintained
- Yes No — Refrigerators, ovens, and fryers operate at correct settings
- Yes No — Cutting boards and utensils are in good condition

Pest Control

- Yes No — No signs of pests (droppings, nests, or insects)
- Yes No — Pest control measures are documented and up to date
- Yes No — Entry points are sealed to prevent infestation

Employee Practices

- Yes No — Staff wear appropriate uniforms and PPE
- Yes No — Food safety training is provided and documented
- Yes No — Ill staff are restricted from food preparation areas

Fire and Safety

- Yes No — Fire extinguishers and alarms are tested and accessible
- Yes No — Emergency exits are clearly marked and unobstructed
- Yes No — Gas lines and connections are secure and inspected

Dining Area (if applicable)

Yes No — Tables and chairs are clean and in good repair

Yes No — Floors are swept and mopped regularly

Yes No — Restrooms are clean, stocked, and functional

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

Powered by:  FIELD EAGLE www.fieldeagle.com