

BAR & BEVERAGE SERVICE INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Bar Setup & Cleanliness

- Yes No — Countertops and surfaces are sanitized and clutter-free
- Yes No — Glassware is clean, polished, and stored correctly
- Yes No — Floor drains are clear and mats are clean
- Yes No — Sinks and handwashing stations are fully stocked

Beverage Inventory & Storage

- Yes No — Liquor bottles are organized and properly labeled
- Yes No — Perishables and garnishes are fresh and dated
- Yes No — Refrigeration temperatures are within safe limits
- Yes No — Kegs and CO2 tanks are secured and functional

Equipment & Tools

- Yes No — Ice machines are clean and free of mold or debris
- Yes No — Draft lines and taps are flushed and operational

Yes No — Blenders and espresso machines are in good repair

Yes No — POS systems and printers are functioning correctly

Service Standards & Compliance

Yes No — Staff are following standard pouring measurements

Yes No — Alcohol service permits are current and displayed

Yes No — Spill kits and cleaning supplies are accessible

Yes No — Menus are clean and reflect current offerings

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately