

COMMERCIAL KITCHEN EQUIPMENT INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Cooking Appliances

- Yes No — Burners and heating elements function correctly
- Yes No — Gas lines and connections are secure and leak-free
- Yes No — Thermostats and controls are calibrated and responsive
- Yes No — Exhaust hoods and filters are clean and operational

Refrigeration Units

- Yes No — Internal temperatures are within safe operating ranges
- Yes No — Door seals and gaskets are intact and airtight
- Yes No — Condenser coils and fans are free of dust and debris
- Yes No — Drainage lines are clear and functioning properly

Food Preparation Equipment

- Yes No — Slicers, mixers, and grinders are clean and lubricated
- Yes No — Safety guards and emergency stops are fully functional

Yes No — Electrical cords and plugs are in good condition

Yes No — Cutting surfaces are sanitized and free of deep grooves

Sanitation & Safety

Yes No — Dishwashers reach required sanitizing temperatures

Yes No — Handwashing stations are stocked and accessible

Yes No — Fire suppression systems are charged and inspected

Yes No — Chemical storage areas are organized and labeled

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately