

FOOD HANDLER HYGIENE INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Personal Cleanliness

Yes No — Hands are washed thoroughly and frequently

Yes No — Fingernails are short, clean, and unpolished

Yes No — Outer garments and aprons are clean

Yes No — Hair restraints are worn and effective

Health and Habits

Yes No — No signs of illness or open wounds

Yes No — No eating or smoking in food prep areas

Yes No — Jewelry is removed or limited to plain bands

Yes No — Proper glove use and changing protocols followed

Handwashing Facilities

Yes No — Hand sinks are accessible and unobstructed

Yes No — Warm water, soap, and paper towels available

Yes No — Handwashing signage is clearly displayed

Yes No — Trash receptacles are conveniently located

Work Practices

Yes No — Cross-contamination risks are minimized

Yes No — Utensils are handled by handles only

Yes No — Tasting is done with single-use spoons

Yes No — Personal items are stored away from food

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately