

CATERING FACILITY INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Food Storage & Handling

Yes No — Refrigeration temperatures are within safe limits

Yes No — Raw and cooked foods are stored separately

Yes No — All food items are labeled with expiration dates

Yes No — Dry storage areas are clean and pest-free

Kitchen Sanitation

Yes No — Prep surfaces are sanitized before and after use

Yes No — Dishwashing equipment reaches required temperatures

Yes No — Handwashing stations are stocked with soap and towels

Yes No — Waste bins are covered and emptied regularly

Equipment & Maintenance

Yes No — Cooking appliances are free of grease buildup

Yes No — Ventilation hoods and filters are clean and functional

Yes No — Fire extinguishers are accessible and inspected

Yes No — Electrical cords and plugs are in good repair

Staff Hygiene & Safety

Yes No — Staff wear clean uniforms and hair restraints

Yes No — Employees follow proper handwashing protocols

Yes No — First aid kits are fully stocked and accessible

Yes No — Floor surfaces are dry and free of trip hazards

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately