

COFFEE SHOP EQUIPMENT INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Espresso Machine & Grinders

Yes No — Group heads and portafilters are clean and functional

Yes No — Steam wands provide consistent pressure and are sanitized

Yes No — Grinder burrs are sharp and settings are calibrated

Yes No — Water filtration system is active and filters are current

Refrigeration & Storage

Yes No — Milk refrigerators maintain temperature below 40°F

Yes No — Door seals are intact and free of mold or debris

Yes No — Freezer units are frost-free and operating correctly

Yes No — Storage areas are organized and off the floor

Brewing & Dispensing

Yes No — Drip brewers are descaled and spray heads are clear

Yes No — Hot water dispensers reach required temperatures

Yes No — Pitcher rinsers are operational and draining properly

Yes No — Beverage dispensers are sanitized and leak-free

Safety & Sanitation

Yes No — Handwashing stations are stocked and accessible

Yes No — Chemical sanitizers are at correct concentrations

Yes No — Electrical cords are in good repair and away from water

Yes No — Floor drains are clear and free of obstructions

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately