

RESTAURANT CLEANING & SANITIZATION INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Kitchen Surfaces & Equipment

- Yes No — Countertops and prep tables are sanitized
- Yes No — Cooking equipment is free of grease buildup
- Yes No — Refrigeration units are clean and organized
- Yes No — Utensils and smallwares are properly stored

Dining Area & Public Spaces

- Yes No — Tables and chairs are wiped and disinfected
- Yes No — Floors are swept, mopped, and free of debris
- Yes No — High-touch surfaces like door handles are sanitized
- Yes No — Menus and condiment holders are clean

Restrooms & Hygiene

- Yes No — Sinks, toilets, and mirrors are scrubbed clean
- Yes No — Soap and paper towel dispensers are fully stocked

Yes No — Handwashing stations are accessible and clean

Yes No — Trash receptacles are emptied and lined

Storage & Waste Management

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

Yes No — Chemical cleaners are stored away from food

Yes No — Waste bins are covered and area is sanitized

Yes No — Drainage systems are clear and odor-free

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately