

Kitchen Safety Inspection Checklist

Completed by: _____

Date: _____

Signed off: _____

Restaurant and Food Operations:	Yes	No	Actions	Deadline	Completed
1. Kitchen waste materials stored in metal containers with tight-fitting lids kept in designated areas and removed by carts to compactor or dumpster?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Operable automatic dry-chemical extinguishing system in hood and duct above ranges, grills and fat fryers?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Extinguishing heads capped to prevent a cooking build up?	<input type="checkbox"/>	<input type="checkbox"/>			
4. Extinguishing system's manual pull switches located away from cooking equipment?	<input type="checkbox"/>	<input type="checkbox"/>			
5. Extinguishing system(s) has a semi-annual service contract with qualified firm	<input type="checkbox"/>	<input type="checkbox"/>			
6. Fuel supply for cooking equipment has an automatic shut-off valve when extinguishing system activates?	<input type="checkbox"/>	<input type="checkbox"/>			
7. Deep-fat fryer units controlled and provided with high-temperature shut-offs; overflow gutters provided?	<input type="checkbox"/>	<input type="checkbox"/>			
8. Filters in exhaust system(s) cleaned at least daily?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Exhaust system(s) cleaned at least quarterly by qualified service contractor?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Floors adjacent to deep-fat fryers dry and free of grease?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Floors around sink mopped dry?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Knives placed in sheaths when not in use?	<input type="checkbox"/>	<input type="checkbox"/>			
13. Proper guards in place and used with meat-slicing machines?	<input type="checkbox"/>	<input type="checkbox"/>			
<i>Slicing, Cutting and Chopping Machines</i>					
1. Are the guards in place and the machine properly set to operate?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Is the immediate area clear around all equipment used for cutting, slicing or chopping before operating equipment?	<input type="checkbox"/>	<input type="checkbox"/>			
3. When operating equipment do you keep your attention on the job and refrain from talking?	<input type="checkbox"/>	<input type="checkbox"/>			
4. Never place your fingers in the cutting chute; do you always use the plunger provided?	<input type="checkbox"/>	<input type="checkbox"/>			
5. If the machine jams, shut off the power immediately and use a wooden push stick to free the blades of obstructions.	<input type="checkbox"/>	<input type="checkbox"/>			
6. Before cleaning the cutting or rotation surface of the foregoing machines are you positive the power source has been disconnected?	<input type="checkbox"/>	<input type="checkbox"/>			

7. If the machines are not functioning properly, do you stop operation and notify the instructor immediately?	<input type="checkbox"/>	<input type="checkbox"/>			
8. Do you always return the slicing machine table to the zero position when you have finished using the machine to prevent injury during clean-up?	<input type="checkbox"/>	<input type="checkbox"/>			
9. When using chopping or slicing attachments on the mixing machine do you make sure the attachment is firmly fixed in the correct operating position and the guard is in place?	<input type="checkbox"/>	<input type="checkbox"/>			
Meat Saws					
1. Before starting a machine do you make sure the guards are in place and the machine is properly set to operate?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Is the floor area immediately around a machine kept clean and uncluttered?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Before using do you adjust all guards to proper height and distance for the specified cutting operation to be performed before using?	<input type="checkbox"/>	<input type="checkbox"/>			
4. Do not put your fingers in the immediate vicinity of the blade. Do you feed the meat into the blade with the pusher provided?	<input type="checkbox"/>	<input type="checkbox"/>			
5. Is a Kevlar glove provided?	<input type="checkbox"/>	<input type="checkbox"/>			

Fire Protection and Prevention:	Yes	No	Actions	Deadline	Completed
Fire Extinguishers					
1. Proper number and type(s) of fire extinguishers charged and tagged to show last service date?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Fire extinguishers properly wall-mounted, identified and adequately accessible for hazard involved?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Employees trained in proper use of extinguishers and manual operation of dry-chemical system protecting cooking equipment?	<input type="checkbox"/>	<input type="checkbox"/>			
Sprinklers					
1. Sprinkler system control valves secured in open position?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Minimum of 18 inches clearance between stock storage and sprinkler heads?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Clear space of three feet around sprinkler system's main control valve?	<input type="checkbox"/>	<input type="checkbox"/>			
4. Water pressure indicated on sprinkler system's lower gauge?	<input type="checkbox"/>	<input type="checkbox"/>			
5. Sprinkler system(s) periodically tested and maintained; written records kept on premises?	<input type="checkbox"/>	<input type="checkbox"/>			
General Fire Safety					
1. Employees instructed in evacuation procedures for both customers and employees?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Instructions prominently posted for reporting fire and calling Fire Department?	<input type="checkbox"/>	<input type="checkbox"/>			

Electrical Equipment:	Yes	No	Actions	Deadline	Completed
1. All electrical equipment properly grounded, portable electrical equipment and extension cords have a ground prong?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Breaker switches properly marked?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Electrical panel boxes have doors closed, clear area of 30 inches in front of boxes?	<input type="checkbox"/>	<input type="checkbox"/>			
4. Switches, switch boxes, outlets and wiring inspected periodically and deficiencies corrected?	<input type="checkbox"/>	<input type="checkbox"/>			

Storage Areas:	Yes	No	Actions	Deadline	Completed
1. Stock properly and securely stacked; stored on racks, shelves or pallets?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Good housekeeping maintained, aisles clear, storage room orderly, floors free of debris, storage has proper clearances from hot-water heater and sprinklers?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Shelving and racks in good repair and secured to avoid tipping?	<input type="checkbox"/>	<input type="checkbox"/>			

Cold-storage and Refrigeration Equipment	Yes	No	Actions	Deadline	Completed
1. Refrigeration and air-conditioning compressors clean, well ventilated, kept clear of combustibles?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Walk-in cooler and freezer doors provided with operable interior-release mechanism?	<input type="checkbox"/>	<input type="checkbox"/>			
3. When restocking, new stock placed at rear and old stock moved up front for use first?	<input type="checkbox"/>	<input type="checkbox"/>			
4. Recommended holding times for food followed?	<input type="checkbox"/>	<input type="checkbox"/>			

Floors and Walking Surfaces	Yes	No	Actions	Deadline	Completed
1. Floor free from food spillage, silverware, broken glassware, loose mats, torn carpets or other hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Portable signs indicate wet-mopped floors or temporary hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Stair treads equipped with abrasive strips or other nonskid surface?	<input type="checkbox"/>	<input type="checkbox"/>			
4. Outdoor walkways checked frequently for, tripping hazards; repairs made promptly?	<input type="checkbox"/>	<input type="checkbox"/>			
5. Indoor-outdoor carpeting or other type of mat provided at entrance doors in inclement weather?	<input type="checkbox"/>	<input type="checkbox"/>			
6. Changes in interior elevations properly illuminated?	<input type="checkbox"/>	<input type="checkbox"/>			

Exits	Yes	No	Actions	Deadline	Completed
1. Exits properly marked, illuminated and unobstructed; doors kept unlocked during hours of operation or equipped with panic bars?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Non-exit doors (to rest room area, kitchen, closets, etc.) identified properly?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Secure handrails on all stairs and steps?	<input type="checkbox"/>	<input type="checkbox"/>			

Exterior Areas	Yes	No	Actions	Deadline	Completed
1. Paths and parking lot well illuminated?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Steps, ramps, grounds, parking lot in good repair, free of holes or obstruction, well illuminated?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Snow and ice promptly removed from parking lot and all walkway surfaces, when necessary?	<input type="checkbox"/>	<input type="checkbox"/>			

General Safe Practices	Yes	No	Actions	Deadline	Completed
1. Pest control services performed by a licensed, independent extermination contractor?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Are substances used approved for use in food establishments?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Heimlich Maneuver posters in plain view; employees trained, where required by law?	<input type="checkbox"/>	<input type="checkbox"/>			
4. Fully equipped first-aid kit available at all times; at least one employee on each shift trained in its use?	<input type="checkbox"/>	<input type="checkbox"/>			
5. Certificates of insurance required from all servicing contractors and suppliers?	<input type="checkbox"/>	<input type="checkbox"/>			
6. Emergency telephone numbers for police and emergency medical services prominently posted?	<input type="checkbox"/>	<input type="checkbox"/>			
7. Dishes and utensils taken out of service and discarded when chipped, cracked or broken?	<input type="checkbox"/>	<input type="checkbox"/>			

Crime	Yes	No	Actions	Deadline	Completed
1. Cash registers emptied and left open during non-operating hours?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Cash drawers skimmed frequently to reduce the cash in each drawer?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Bank deposits made at least twice daily with varying times and routes?	<input type="checkbox"/>	<input type="checkbox"/>			
4. Combination to safe changed after turnover of money-handling personnel?	<input type="checkbox"/>	<input type="checkbox"/>			
5. Back door equipped with a panic lock so it can be kept locked at all times, equipped with hinge pins?	<input type="checkbox"/>	<input type="checkbox"/>			
6. Cash register tallies checked against deposits daily; other checks used to detect employee dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>			

Comments:
Describe specific conditions to be corrected: