

Kitchen Safety Observation Report

Report Information

- **Report Number:**
- **Date:**
- **Observer Name:**
- **Kitchen/Facility Location:**

Observation Summary

- **Type of Observation:**
 - Safe Practice (e.g., clean workstation, proper knife handling)
 - Unsafe Practice (e.g., spills, improper food storage)
 - Near Miss (e.g., slipping hazard avoided)

Observation Details

1. **Observation 1:**
 - Description:
 - Action Taken:
 - Follow-Up Required: [] Yes [] No

Immediate Actions Taken

- (e.g., cleaned spills, rearranged hazardous items.)

Recommendations

- (e.g., regular cleaning schedule, safety reminders for sharp tools.)

Follow-Up Plan

- **Assigned To:**
- **Deadline:**