



## Daily Post-operational Checklist

SQF 11.2.5

Location	Date Inspected	Time of Inspection
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<b>1</b>	<b>Cleanliness and Sanitation</b>	<b>Yes</b>	<b>No</b>	<b>Observation/Non-Conformance</b>	<b>Performed by</b>	<b>Performed date/time</b>
1.1	Has all equipment been properly cleaned and sanitized after use?					
1.2	Are all surfaces, including countertops and workstations, free from food debris?					
1.3	Have floors been swept and mopped to ensure cleanliness?					
1.4	Are waste bins emptied and sanitized?					
<b>2</b>	<b>Equipment Condition</b>	<b>Yes</b>	<b>No</b>	<b>Observation/Non-Conformance</b>	<b>Performed by</b>	<b>Performed date/time</b>
2.1	Have all equipment been turned off and properly shut down?					
2.2	Are there any signs of damage or malfunctioning equipment that need to be reported?					
2.3	Have any spills or leaks been addressed promptly?					
<b>3</b>	<b>Storage and Organization</b>	<b>Yes</b>	<b>No</b>	<b>Observation/Non-Conformance</b>	<b>Performed by</b>	<b>Performed date/time</b>

3.1	Are all food items properly stored and labeled to prevent cross-contamination?					
3.2	Are ingredients and products stored at appropriate temperatures?					
3.3	Are storage areas organized and free from clutter?					
<b>4</b>	<b>Documentation</b>	<b>Yes</b>	<b>No</b>	<b>Observation/Non-Conformance</b>	<b>Performed by</b>	<b>Performed date/time</b>
4.1	Have all required logs and records, such as temperature logs and cleaning records, been completed accurately?					
4.2	Have any incidents or deviations from standard procedures been documented?					
<b>5</b>	<b>Pest Control</b>	<b>Yes</b>	<b>No</b>	<b>Observation/Non-Conformance</b>	<b>Performed by</b>	<b>Performed date/time</b>
5.1	Are there any signs of pest activity, such as droppings or gnaw marks, that need to be addressed?					
5.2	Are pest control measures, such as traps and baits, in place and effective?					
<b>6</b>	<b>Waste Management</b>	<b>Yes</b>	<b>No</b>	<b>Observation/Non-Conformance</b>	<b>Performed by</b>	<b>Performed date/time</b>
6.1	Have all waste disposal procedures been followed, including recycling and composting?					
6.2	Are waste bins properly covered and located away from food preparation areas?					
<b>7</b>	<b>Security and Safety</b>	<b>Yes</b>	<b>No</b>	<b>Observation/Non-Conformance</b>	<b>Performed by</b>	<b>Performed date/time</b>
7.1	Are all doors and windows securely locked to prevent unauthorized access?					

7.2	Are emergency exits clear and unobstructed?					
7.3	Are fire extinguishers and other safety equipment readily accessible and in good condition?					
8	<b>Staff Communication</b>	Yes	No	<b>Observation/Non-Conformance</b>	<b>Performed by</b>	<b>Performed date/time</b>
8.1	Have any issues or concerns regarding operations been communicated to the appropriate personnel?					
8.2	Are there any maintenance or repair requests that need to be submitted?					

**Verified By**