

FOOD SERVICE QUALITY ASSURANCE CHECKLIST

Record "Y" for Yes, "N" for No, and "NA" for Not Applicable

I. Refrigerator & Freezer Storage	M	T	W	Th	F	St	Sn
A. Refrigerator & Freezer units in good repair							
B. Refrigerator & Freezer units in good repair 1. Refrigerators at 39°F or below 2. Freezer units at 0°F or below							
C. Graduated thermometers properly located and easily readable							
D. Food products stored 6" above floor in the walk-in cooler/freezer							
E. No potentially hazardous ready-to-eat foods held for more than 7 days at 41°F							
F. Foods properly labeled and dated with the discard date (prep day + 6 days)							
G. Food products properly protected: 1. Covered 2. Cross-Contamination: Raw animal foods stored according to cook-off temperatures and below and away from coked, ready-to-eat food							

For any unsatisfactory items listed above, describe the **Corrective Action**: _____

II. Preparation, Holding, & Service	M	T	W	Th	F	St	Sn
A. Proper defrosting of frozen food							
B. Handling of food minimized by use of suitable utensils							
C. Verify no bare hand contact with ready-to-eat foods							
D. Fruits and vegetables washed							
E. Potentially hazardous food at 41°F or below OR 135° or above							
F. Proper cooling procedures used: 1. Within 2 hours from 135°F to 70°F; and 2. Within a total of 6 hours from 135°F to 41°F or less							
G. Proper holding practices used							
H. Unwrapped and potentially hazardous foods not reserved							
I. Calibrated metal-stemmed thermometer readily available (0° - 220°F)							

For any unsatisfactory items listed above, describe the **Corrective Action**: _____

III. Dry Storage Facilities	M	T	W	Th	F	St	Sn
A. Storage facilities in good repair							
B. Food products stored 6" above the floor							
C. Dry food products stored in approved containers							
D. Separate storage of chemicals							

For any unsatisfactory items listed above, describe the **Corrective Action**: _____



IV. Personal Hygiene

- | | M | T | W | Th | F | St | Sn |
|---|---|---|---|----|---|----|----|
| A. Monitoring of proper & frequent employee handwashing | | | | | | | |
| B. Handsinks accessible, hot/cold running water, soap & single-use towels | | | | | | | |
| C. Smoking prohibited, except in approved areas | | | | | | | |
| D. Employee beverages/food stored below and away from food and food contact surfaces (all beverages have a lid and straw) | | | | | | | |
| E. Clean clothes and proper hair restraints | | | | | | | |
| F. Proper restriction of employees with infections, illnesses, poor hygiene | | | | | | | |

For any unsatisfactory items listed above, describe the **Corrective Action**: _____

V. Equipment & Utensils

- | | M | T | W | Th | F | St | Sn |
|--|---|---|---|----|---|----|----|
| A. Good repair | | | | | | | |
| B. Clean & sanitary | | | | | | | |
| C. Proper utensil washing and sanitizing practices:
1. Proper use of three compartment sink
2. Wash water clean
3. Proper temperature or chemical concentrations for sanitizing | | | | | | | |
| D. Wiping cloths restricted, used properly, adequate sanitizer solution | | | | | | | |
| E. Proper storage of utensils | | | | | | | |
| F. Single service articles properly handled | | | | | | | |

For any unsatisfactory items listed above, describe the **Corrective Action**: _____

VI. Establishment

- | | M | T | W | Th | F | St | Sn |
|---|---|---|---|----|---|----|----|
| A. Good repair – outside areas maintained, landscape free of vermin and trash | | | | | | | |
| B. Toilet facilities adequate, properly installed, maintained | | | | | | | |
| C. Plumbing properly installed (adequate air gapping) and maintained | | | | | | | |
| D. Floors, walls, ceilings:
1. Good repair 2. Easily cleanable 3. Clean | | | | | | | |
| E. Lighting – adequate, properly shielded | | | | | | | |
| F. Vermin controlled | | | | | | | |
| G. Rubbish storage: 1. Approved containers (inside and outside)
2. Disposed of frequently 3. Area clean, no nuisance | | | | | | | |

For any unsatisfactory items listed above, describe the **Corrective Action**: _____

Inspected By: _____ Date: _____

For Dates: _____

