



Cafeteria Hygiene & Food Safety Checklist

Premises & Environment

Assessment of the overall cleanliness and condition of the cafeteria space.

Ambient Temperature (°C)

Floor Temperature (°C)

Floor Condition

- ☐ Clean and Dry
- ☐ Slightly Damp
- ☐ Wet
- ☐ Greasy
- ☐ Damaged

Evidence of Pests?

- ☐ Rodents
- ☐ Insects
- ☐ Birds
- ☐ None Observed


Notes on General Cleanliness and Condition

Write something...

Ventilation

- ☐ Adequate
- ☐ Insufficient
- ☐ Malfunctioning

Photos of Premises (Optional)

 Upload File

Dishwashing & Sanitation

Verification of proper dishwashing procedures, equipment functionality, and sanitizer concentrations.

Dishwashing Machine Temperature (Wash)

Enter a number...

Dishwashing Machine Temperature (Rinse)

Enter a number...

Sanitizer Concentration (ppm)

Enter a number...

Dishwashing Detergent Type

- ☐ Powder
- ☐ Liquid
- ☐ Tablet

Rinse Aid Used?

- ☐ Yes
- ☐ No

Are any of the following observed?

- ☐ Standing water in machine
- ☐ Rust or corrosion on machine parts
- ☐ Leaking water
- ☐ Unpleasant odor

Comments/Observations regarding dishwashing and sanitation

Write something...

Last Date of Dishwasher Maintenance

Enter date...

Food Storage

Checking food storage temperatures, labeling, and stock rotation (FIFO).

Refrigerator Temperature (°C)

Enter a number...

Freezer Temperature (°C)

Enter a number...

Dry Storage Room Temperature (°C)

Enter a number...

Date of Last Temperature Log Check

Enter date...

FIFO System in Place?

☐ Yes

☐ No

☐ N/A

Food Items with Expiring Dates (Identify Top 3)

☐ Meat/Poultry

☐ Dairy

☐ Produce

☐ Baked Goods

☐ Canned Goods

Comments on Food Storage Conditions

Write something...

Food Preparation

Review of food handling practices during preparation, including cross-contamination prevention.

Are separate cutting boards used for raw and cooked foods?

- ☐ Yes - Clearly Designated
- ☐ Yes - Generally Used
- ☐ No - Often Mixed
- ☐ Not Applicable

Temperature of hot holding equipment (°C)

Enter a number...

Temperature of cold holding equipment (°C)

Enter a number...

How are cooked foods prevented from cross-contamination?

- ☐ Elevated off raw foods
- ☐ Covered with appropriate barriers
- ☐ Other (Specify in Long Text)
- ☐ Not Applicable

If 'Other' was selected above, please specify how cross-contamination is prevented.

Write something...

Are food handlers wearing appropriate hair restraints?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Date of last food handler training on safe food handling practices.

Enter date...

Photo evidence of safe food preparation practices (e.g., correct use of equipment).

 Upload File

Personal Hygiene

Observation of staff practices regarding handwashing, uniform cleanliness, and overall hygiene.

Staff handwashing observed before handling food?

- ☐ Yes
- ☐ No
- ☐ Not Observed

Are staff wearing clean uniforms?

- ☐ Yes
- ☐ No
- ☐ Uniform present, condition unclear

Are staff wearing appropriate hair restraints (hairnets, hats)?

- ☐ Yes
- ☐ No
- ☐ Partially Compliant

Number of staff visibly not adhering to hygiene protocols.

Enter a number...

Any observations regarding staff hygiene requiring further attention?

Write something...

Are fingernails clean and trimmed?

- ☐ Yes
- ☐ No
- ☐ Not Observed

Jewelry worn by staff?

- ☐ No jewelry
- ☐ Rings
- ☐ Bracelets
- ☐ Necklaces
- ☐ Other (specify)

Waste Management

Assessment of proper waste disposal procedures and pest control measures.

Number of Waste Bins Present

Waste Segregation Practices - Are these in place?

- ☐ Yes - General Waste
- ☐ Yes - Recyclables
- ☐ Yes - Food Waste
- ☐ No
- ☐ Not Applicable

Waste Bin Liners - Condition?

- ☐ Intact and appropriate
- ☐ Damaged
- ☐ Missing
- ☐ Not used

Last Waste Bin Cleaning Date

Observations Regarding Waste Management Practices (e.g., spills, odors)

Evidence of Pest Attraction Near Waste Areas?

- ☐ Yes
- ☐ No
- ☐ Unsure

Photograph of Waste Storage Area

 Upload File

Pest Control

Inspection of the facility for signs of pests and verification of preventative measures.

Frequency of Pest Control Service (Days)

Date of Last Pest Control Service

Type of Pest Control Service Performed

- ☐ General Treatment
- ☐ Rodent Control
- ☐ Insect Control
- ☐ Bird Proofing

Notes from Pest Control Technician (if applicable)

Write something...

Evidence of Pest Activity Observed (Select all that apply)

- ☐ Rodent Droppings
- ☐ Insect Presence
- ☐ Rodent Tracks
- ☐ Damaged Food Packaging
- ☐ None Observed

Location of Pest Activity (if observed)

 [Set My Current Location](#)



Pest Control Company Name

Write something...

Equipment Maintenance

Checking the maintenance and calibration of key equipment (e.g., refrigerators, ovens).

Last Refrigerator Temperature Calibration Date

Enter date...

Refrigerator Temperature (in °C)

Enter a number...

Oven Temperature Accuracy Check (in °C)

Enter a number...

Dishwasher Water Temperature (Wash Cycle, in °C)

Enter a number...

Dishwasher Water Temperature (Rinse Cycle, in °C)

Enter a number...

Dishwasher Sanitizer Type

- ☐ Chlorine
- ☐ Quaternary Ammonium
- ☐ Other (Specify in LONG_TEXT)

Dishwasher Sanitizer Concentration (ppm)

Enter a number...

Notes on Equipment Maintenance / Repairs

Write something...

Date of Last Filter Change (e.g. Water Filter)

Enter date...

Water Quality

Verification of potable water source and related safety checks.

Water Source Pressure (PSI)

Enter a number...

Hot Water Temperature (Celsius/Fahrenheit)

Enter a number...

Cold Water Temperature (Celsius/Fahrenheit)

Enter a number...

Water Source Type

- ☐ Municipal
- ☐ Well
- ☐ Other (Specify)

If 'Other' selected for Water Source Type, please specify:

Write something...

Last Water Quality Testing Date

Enter date...

Upload Water Quality Testing Report (if available)

 Upload File

Is a backflow preventer installed and maintained?

☐ Yes

☐ No

☐ N/A

Comments or observations regarding water quality:

Write something...

Documentation & Record Keeping

Review of records related to temperature logs, cleaning schedules, and pest control.

Last HACCP Plan Review Date

Enter date...

Last Pest Control Service Date

Enter date...

Temperature Log Frequency (e.g., times per day)

Enter a number...

Temperature Logs Maintained?

☐ Yes

☐ No

Cleaning Schedules Posted & Followed?

☐ Yes

☐ No

Attach Sample Temperature Log

 Upload File

Notes on record keeping procedures or any deficiencies found

Write something...