



Daily Kitchen Sanitation Checklist

Dishwashing & Silverware

Verification of proper dishwashing procedures and utensil cleanliness.

Dishwasher Water Temperature (°F)

Dishwasher Sanitizer Concentration (ppm)

Dishwashing Machine Operation

- ☐ Operating Correctly
- ☐ Needs Attention - Report to Supervisor

Dishware Appearance

- ☐ Spotless
- ☐ Minor Water Spots
- ☐ Food Residue - Re-wash
- ☐ Visible Damage (Chips, Cracks)

Silverware Appearance

- ☐ Spotless
- ☐ Tarnished
- ☐ Residue

Notes/Comments on Dishwashing (e.g., unusual issues)

Write something...

Food Storage & Refrigeration

Ensuring proper food storage temperatures and labeling.

Refrigerator Temperature (Fahrenheit)

Enter a number...

Freezer Temperature (Fahrenheit)

Enter a number...

Date Labeling System Used?

- ☐ First In, First Out (FIFO)
- ☐ Date Rotation

Notes on Food Item Rotation/Discarded Items

Write something...

Dry Storage Area Condition?

- ☐ Clean and Dry
- ☐ Slight Moisture
- ☐ Significant Moisture - Investigate

Check for Correct Storage of the Following (select all that apply):

- ☐ Raw Meats (bottom shelf)
- ☐ Dairy Products
- ☐ Fruits & Vegetables
- ☐ Ready-to-Eat Foods
- ☐ Allergens – clearly labeled?

Date of Last Deep Clean of Refrigerators

Food Packaging Condition?

- ☐ Intact
- ☐ Damaged - Review contents

Work Surfaces & Equipment

Cleaning and sanitizing all work surfaces and kitchen equipment.

Dishwasher Water Temperature (Fahrenheit)

Oven Temperature Calibration Verified (Fahrenheit)

Enter a number...

Stove Top Grease Level

- ☐ Clean
- ☐ Slightly Greasy
- ☐ Greasy - Needs Cleaning

Prep Surface Condition (Cutting Boards, Counters)

- ☐ Clean & Sanitized
- ☐ Needs Cleaning

Notes on equipment cleaning (e.g., specific equipment requiring extra attention)

Write something...

Mixer/Blender Condition

- ☐ Clean & Dry
- ☐ Slightly Damp
- ☐ Needs Cleaning

Refrigerator Temperature (Fahrenheit)

Enter a number...

Floor & Waste Management

Maintaining a clean and sanitary floor and managing waste appropriately.

Floor Debris - Rating (1-5, 1=Significant, 5=Spotless)

Enter a number...

Describe any floor debris or spills observed and actions taken.

Write something...

Number of Full Trash Bins

Enter a number...

Trash Bin Types Emptied (Check all that apply)

- ☐ General Waste
- ☐ Recyclables
- ☐ Compost
- ☐ Grease/Oil

Number of Grease Traps Checked (If Applicable)

Enter a number...

Notes on Grease Trap Condition (if applicable)

Write something...

Waste Disposal Compliance

- ☐ Compliant
- ☐ Minor Deviation
- ☐ Major Deviation

Handwashing & Personal Hygiene

Confirming adherence to handwashing protocols and personal hygiene practices.

Last Handwashing Time

Handwashing Technique Observed

- ☐ Correct (20+ seconds, soap, warm water, proper drying)
- ☐ Needs Improvement
- ☐ Incorrect

Number of Staff Handwashes Observed

Cleanliness of Handwashing Sinks

- ☐ Clean & Sanitary
- ☐ Needs Cleaning
- ☐ Unacceptable

Availability of Hand Soap/Sanitizer

- ☐ Fully Stocked
- ☐ Low Stock
- ☐ Empty

Notes on Handwashing/Hygiene Observations (if any)

Write something...

Pest Control

Observing for and addressing any signs of pest activity.

Evidence of Rodents?

- ☐ No
- ☐ Droppings Found
- ☐ Gnaw Marks
- ☐ Live Rodent Sighting

Evidence of Insects?

- ☐ No
- ☐ Ants
- ☐ Cockroaches
- ☐ Flies
- ☐ Other (Specify)

If 'Other' insect observed, please describe:

Write something...

Number of traps checked today:

Enter a number...

Trap Status (Check all that apply):

- ☐ No Catches
- ☐ One Catch
- ☐ Multiple Catches
- ☐ Trap Needs Resetting

Describe any unusual findings or concerns:

Write something...

Last Professional Pest Control Service Date:

Enter date...

Chemical Management

Proper handling and storage of cleaning chemicals.

Quantity of Dish Soap Remaining (Gallons)

Enter a number...

Quantity of Sanitizer Remaining (Gallons)

Enter a number...

Sanitizer Solution Strength (Check with Test Strips)

- ☐ Within Acceptable Range
- ☐ Too Weak - Adjust Dilution
- ☐ Too Strong - Adjust Dilution

Bleach/Quaternary Solution Used Today?

- ☐ Yes
- ☐ No

Notes on Chemical Usage or Issues (e.g., leaks, spills)

Write something...

Date of Last Chemical Inventory

Enter date...

SDS (Safety Data Sheet) readily accessible?

☐ Yes

☐ No