



Deli Counter Inspection Checklist (Daily) - Food Handling, Temperature

 Show only Checklist

Display Style
Default 

Employee Hygiene & Practices

Checks related to employee handwashing, glove usage, and overall hygiene.

Employee Handwashing Observed?

- ☐ Yes
- ☐ No
- ☐ N/A

Glove Usage Proper?

- ☐ Yes
- ☐ No
- ☐ N/A



Any observed hygiene concerns? (e.g., excessive jewelry, improper attire)

Write something...

Aprons/Protective Wear Used?

☐ Yes

☐ No

☐ N/A

Number of handwashing events observed (if observed)

Enter a number...

Hair Restraints (hairnet, hat) in Use?

☐ Yes

☐ No

☐ N/A

Temperature Monitoring & Control

Verification of proper temperature ranges for all deli items; documentation checks.

Temperature Log Start Time

Enter time...

Cold Deli Case Temperature (degrees F)**Hot Deli Case Temperature (degrees F)****Holding Unit Temperature (if applicable) (degrees F)****Refrigerator Temperature (Deli Storage) (degrees F)****Thermometer Calibration Status**

- ☐ Calibrated Today
- ☐ Calibrated within Calibration Period
- ☐ Calibration Due

Notes on Temperature Readings/Corrections Needed**Date of Last Thermometer Calibration**

Food Handling Procedures

Observation of safe food handling techniques, including use of utensils, preventing cross-contamination, and proper labeling.

Were gloves used when handling ready-to-eat foods?

- ☐ Yes, consistently
- ☐ Yes, occasionally
- ☐ No
- ☐ N/A - No ready-to-eat foods handled

Was proper use of utensils observed when handling food?

- ☐ Yes
- ☐ No
- ☐ N/A - No food handled

Number of times employee handwashing observed?

Was cross-contamination prevention observed (e.g., separate cutting boards/utensils)?

- ☐ Yes
- ☐ No
- ☐ N/A - No potential for cross-contamination

Describe any deviations from safe food handling practices observed:

Write something...

Were proper procedures followed for thawing frozen foods?

☐ Yes

☐ No

☐ N/A - No frozen foods thawed

Employee initials observing handling practices:

Write something...

Product Display & Rotation

Evaluation of product placement, stock rotation (FIFO), and proper storage methods.

Temperature of Prepared Salads (in °F)

Enter a number...

Temperature of Meats/Cheeses (in °F)

Enter a number...

FIFO Rotation Verified (Check One)

☐ Yes

☐ No

☐ N/A

Rotation issues observed (select all that apply)

☐ Old product in front

☐ Incorrect dating

☐ No dating present

☐ None Observed

Notes on Product Display/Rotation

Write something...

Product Overwrapping observed?

☐ Yes

☐ No

Number of items past expiration date observed

Enter a number...

Equipment & Sanitation

Assessment of equipment cleanliness, functionality, and sanitation practices.

Cooler/Refrigeration Unit Temperature (Record Reading)

Meat/Cheese Display Case Temperature (Record Reading)

Cooler/Case Condensation Present?

- ☐ Yes
- ☐ No
- ☐ N/A

Equipment Cleanliness - Overall Condition

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Notes on Equipment Cleanliness/Maintenance

Write something...

Sanitizer Concentration Correct?

☐ Yes

☐ No

☐ N/A

Photo Documentation (if issues found)

 Upload File

Labeling and Dating

Confirmation that all items are properly labeled with names, ingredients, allergens (where applicable), and preparation/expiration dates.

Are all pre-made deli salads and sandwiches properly labeled?

☐ Yes

☐ No

☐ N/A

Are all items labeled with preparation date?

- ☐ Yes
- ☐ No
- ☐ N/A

Preparation Date (for items without a specific sell-by date)

Enter date...

Sell-By/Use-By Date (for items with a designated date)

Enter date...

Note any discrepancies or corrections made to labeling (e.g., missing dates, incorrect ingredient lists)

Write something...

Are allergen information displayed appropriately (if applicable)?

- ☐ Yes
- ☐ No
- ☐ N/A

Are product names clearly visible and accurate?

- ☐ Yes
- ☐ No
- ☐ N/A

Waste Management

Verification of proper waste disposal practices.

Quantity of food waste generated (lbs/kg)

Enter a number...

Waste containers properly covered?

☐ Yes

☐ No

☐ N/A

Waste bags properly sealed?

☐ Yes

☐ No

☐ N/A

Waste area clean and free of pests?

☐ Yes

☐ No

☐ N/A

Comments/Corrective Actions Needed (Waste Management)

Write something...