



Restaurant Food Safety Checklist Template

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Display Style
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Receiving & Storage

Checks for proper temperature, labeling, and handling of incoming food deliveries.

Delivery Date

Enter date...

Temperature of Refrigerated Goods (°F)

Enter a number...



Temperature of Frozen Goods (°F)

Enter a number...

Packaging Condition

- Intact
- Damaged
- Compromised

Supplier Name

Write something...

Check for:

- Signs of pests
- Broken seals
- Expiration dates
- Damage to packaging

Receiver Signature

Cold Storage

Ensures refrigerators and freezers are operating at safe temperatures and food is stored correctly.

Refrigerator Temperature (in °F)

Freezer Temperature (in °F)

Refrigerator Door Seals Condition

- Excellent
- Good
- Fair
- Poor - Requires Repair

Freezer Door Seals Condition

- Excellent
- Good
- Fair
- Poor - Requires Repair

Foods Properly Labelled?

Dates Included

Contents Clearly Identified

Last Temperature Log Date

Enter date...

Notes on any issues or corrective actions

Write something...

Dry Storage

Verifies proper stock rotation (FIFO), cleanliness, and pest control measures.

Storage Temperature (°F)

Enter a number...

FIFO System Followed?

- Yes
- No
- N/A

Evidence of Pests?

- Rodents
- Insects
- Other
- None

Details of Pest Evidence (if any)

Write something...

Last Pest Control Service Date

Enter date...

Storage Area Cleanliness

- Excellent
- Good
- Fair
- Poor

Photo of Storage Area (Optional)

 Upload File

Food Preparation

Covers proper handwashing, cross-contamination prevention, and cooking temperatures.

Internal Cooking Temperature (Poultry)

Internal Cooking Temperature (Beef/Pork)

Handwashing Observed?

 Yes No

Gloves Used Appropriately?

 Yes, for raw foods Yes, for ready-to-eat foods No N/A

Notes on Cross-Contamination Prevention

Write something...

Produce Washed Properly?

Yes

No

Cooking & Holding

Checks cooking temperatures, holding times, and cooling procedures.

Chicken Internal Temperature (F)

Enter a number...

Beef Internal Temperature (F)

Enter a number...

Fish Internal Temperature (F)

Enter a number...

Cooling Method Used

- Ice Bath
- Blast Chiller
- Walk-in Cooler
- Other

Time Food Removed from Heat

Enter time...

Holding Temperature (F)

Enter a number...

Date Food was Cooked

Enter date...

Dishwashing & Sanitation

Ensures dishwashing equipment is working correctly and sanitizing procedures are followed.

Water Temperature (Incoming)

Enter a number...

Sanitizer Concentration (ppm)

Enter a number...

Dish Machine Wash Cycle Time (seconds)

Enter a number...

Dish Machine Rinse Temperature (°F)

Enter a number...

Dish Machine Functioning Correctly?

Yes

No

Areas of Dishwashing Area Cleaned?

Floors

Walls

Drains

Surfaces

Last Chemical Level Check

Enter date...

Employee Hygiene

Verifies employee adherence to hygiene standards (handwashing, gloves, hair restraints).

Handwashing Time (seconds)

Enter a number...

Gloves Used?

Yes

No

Handwashing Supplies Available?

Soap

Water (Hot & Cold)

Paper Towels

Hand Sanitizer

Hair Restraint Used?

Yes

No

Comments/Observations on Employee Hygiene

Write something...

Pest Control

Checks for signs of pests and confirms pest control measures are in place.

Temperature of traps (if applicable)

Signs of Pest Activity Observed?

- Rodents
- Insects
- Birds
- Other
- None

Specific areas where pests were spotted (if any)

Date of last professional pest control service

Detailed notes on pest control observations and actions taken

Write something...

Pest Control Method Employed (if any)

- Trapping
- Baiting
- Insecticide Spray
- None

Equipment Maintenance

Ensures kitchen equipment is properly maintained and functioning safely.

Last Preventative Maintenance Date (Ovens, Fryers, etc.)

Enter date...

Refrigerator Temperature (Fahrenheit)

Enter a number...

Dishwasher Water Temperature (Fahrenheit)

Enter a number...

Ice Machine Sanitized?

Yes

No

Notes on Equipment Condition/Issues

Write something...

Hood Filters Clean?

Yes

No

Gas Line Pressure (PSI)

Enter a number...

Waste Management

Reviews procedures for proper handling and disposal of food waste.

Quantity of Food Waste Generated (lbs)

Enter a number...

Date of Last Waste Container Cleaning

Enter date...

Time of Scheduled Waste Collection

Enter time...

Waste Disposal Method

- Landfill
- Composting
- Rendering
- Other

If 'Other' disposal method selected, please specify:

Write something...

Condition of Waste Containers

- Good
- Fair
- Needs Repair
- Damaged

Notes on waste management issues or improvements needed:

Write something...

