



# Restaurant Food Safety Checklist Template

## 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)

Enter a number...

## Freezer Temperature (in °F)

Enter a number...

### 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)

Enter a number...

## Internal Cooking Temperature (Beef/Pork)

Enter a number...

## 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

### 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)**

Enter a number...

### Signs of Pest Activity Observed?

- Rodents
- Insects
- Birds
- Other
- None

### Specific areas where pests were spotted (if any)

Write something...

### Date of last professional pest control service

Enter date...

### 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

## 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...