

# Restaurant Hygiene & Safety Checklist: Kitchen & Dining Room Audit

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## Kitchen Equipment & Surfaces

Assessment of all kitchen equipment and surfaces for cleanliness and functionality.

### Oven Temperature Verification (degrees F)

### Refrigerator Temperature Verification (degrees F)



### Condition of Cutting Boards (Clean/Soiled/Damaged)

- Clean
- Soiled
- Damaged

### Condition of Range Hood Filters

- Clean
- Dirty
- Needs Replacement

### Notes on Surface Cleanliness

Write something...

### Photo Evidence of Equipment Cleanliness (Optional)

 Upload File

### Dishwasher Functionality (Working/Malfunctioning)

- Working
- Malfunctioning

# Food Storage & Handling

Verification of proper food storage temperatures, rotation practices, and handling procedures.

## Refrigerator Temperature (°F)

## Freezer Temperature (°F)

## FIFO Rotation Observed?

 Yes No N/A

## Date of Last Temperature Log Check

### Notes on Food Condition (e.g., discoloration, unusual odors)

Write something...

### Foods Requiring Special Handling (e.g., allergens, raw meats)

- Raw Meats
- Dairy
- Seafood
- Produce
- Allergens (specify)

### Packaging Integrity

- Intact
- Damaged
- Compromised

## Employee Hygiene & Practices

Review of employee handwashing, uniform protocols, and overall hygiene standards.

### Handwashing Frequency (per shift)

Enter a number...

### Uniform Cleanliness

- Excellent
- Good
- Fair
- Poor

### Hair Restraints (nets/hats) Usage

- Always Compliant
- Occasionally Missing
- Frequently Missing

### Last Illness Reporting Training Date

Enter date...

### Jewelry Compliance (Check all that apply)

- No visible jewelry
- Allowed ring
- Allowed wedding band
- Violation Observed

### Notes on employee hygiene practices

Write something...

## Dining Room Cleanliness

Inspection of tables, chairs, floors, restrooms, and other dining areas for cleanliness and sanitation.

### Table Surface Cleanliness Rating (1-5)

Enter a number...

### Floor Spot Cleanliness Count

Enter a number...

### Chair Condition (Overall)

- Excellent
- Good
- Fair
- Needs Repair

### Notes on Tables/Chairs Condition

Write something...

### Restroom Supplies Adequacy (Dining Area)

- Sufficient
- Needs Replenishment

### Visible Debris/Residue (Select all that apply)

- Food Crumbs
- Sticky Residue
- Dust
- Stains
- None

### Last Deep Clean Date (Dining Room)

Enter date...

## Restroom Sanitation

Detailed check of restroom supplies, cleanliness, and proper waste disposal.

### Toilet Paper Rolls Remaining (per stall)

Enter a number...

### Soap Dispenser Fill Level (scale of 1-5)

Enter a number...

### Hand Dryer Functionality (Working/Not Working/Partially Working)

- Working
- Not Working
- Partially Working

### Mirror Cleanliness (Clean/Smudged/Dirty)

- Clean
- Smudged
- Dirty

### Floor Condition (Check all that apply)

- Wet
- Stained
- Debris
- Clean

### Last Restroom Cleaning Date

Enter date...

### Notes on Specific Issues/Concerns

Write something...

# Pest Control & Prevention

Evaluation of pest control measures and prevention strategies.

## Last Pest Control Service Date

Enter date...

## Evidence of Pest Activity Observed?

- None
- Rodents
- Insects
- Birds
- Other

## Description of Observed Pest Activity (if any)

Write something...


## Number of Bait Stations Checked

Enter a number...

### Bait Station Status

- Full
- Partially Full
- Empty

### Photos of Potential Entry Points/Pest Activity

 Upload File

### Screen/Ventilation Integrity

- Intact
- Minor Damage
- Significant Damage

## Fire Safety & Emergency Preparedness

Confirmation of fire extinguisher functionality, emergency exit accessibility, and overall safety protocols.

### Fire Extinguisher Inspection Date

Enter a number...

## Fire Extinguisher Condition

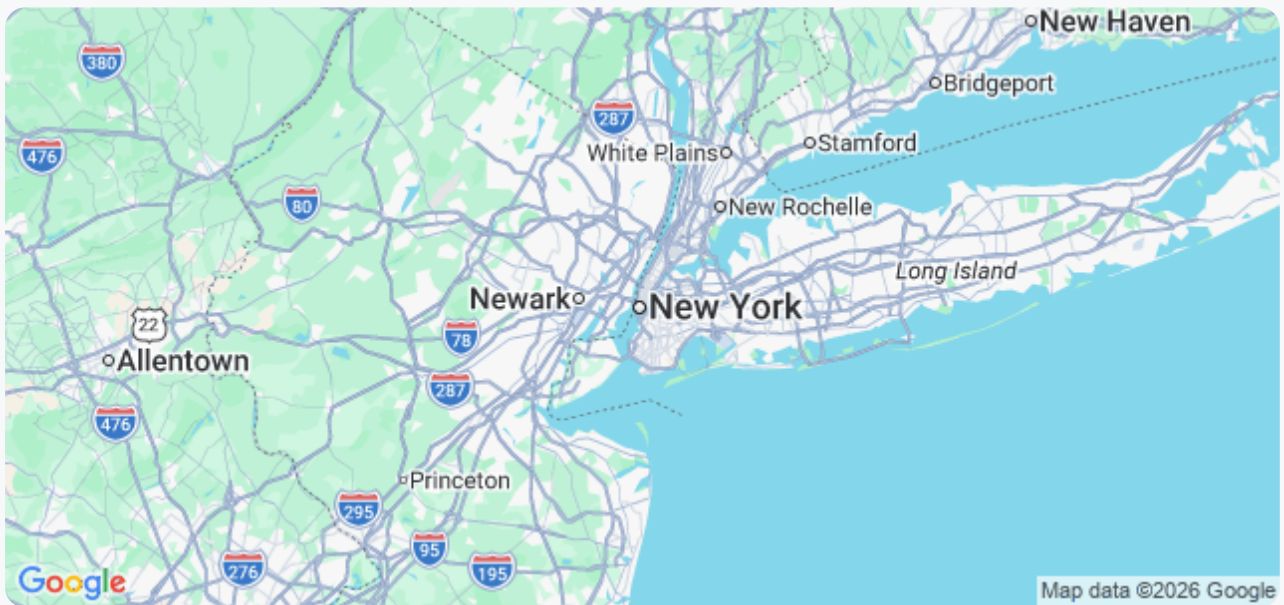
- Good
- Needs Maintenance
- Damaged/Out of Service

## Emergency Exit Lighting Functionality

- Functional
- Needs Repair
- Not Functional

## Emergency Exit Location Verification

 [Set My Current Location](#)



### Last Fire Drill Date

Enter date...

### Fire Drill Feedback/Observations

Write something...

### Emergency Contact List Availability

Available and Current

Needs Update

## Waste Management & Disposal

Verification of proper waste segregation, storage, and disposal methods.

### Quantity of Recyclable Waste Collected (lbs)

Enter a number...

### Quantity of Compostable Waste Collected (lbs)

Enter a number...

### Quantity of General Waste Disposed (lbs)

Enter a number...

### Waste Disposal Company Used

- Company A
- Company B
- Other

### Date of Last Waste Disposal

Enter date...

### Notes on Waste Management Issues/Observations

Write something...

### Waste Segregation Accuracy

- Excellent
- Good
- Fair
- Poor

# Chemical Storage & Handling

Assessment of proper storage, labeling, and handling of cleaning chemicals and sanitizers.

## Concentration of Cleaning Chemicals (e.g., % bleach)

## Chemical Storage Area - Condition

- Well-Ventilated & Secure
- Slightly Damp
- Needs Improvement
- Unsafe

## Chemicals Properly Segregated?

- Acids Separated from Bases
- Oxidizers Separated from Flammables
- All Segregation Guidelines Followed
- Not Applicable

## Date of Last Chemical Inventory

### Any Spills or Leaks Observed?

Write something...

### Chemical Labels Present and Readable?

- Yes, all labels present and readable
- Some labels missing or damaged
- Most labels missing

## Documentation & Record Keeping

Review of maintenance logs, cleaning schedules, and other relevant records.

### Last Inspection Date

Enter date...

### Inspector Name

Write something...

### Temperature Log Review (Frequency)

Enter a number...

### Attach Relevant Inspection Reports

 Upload File

### Notes on Document Review (if any)

Write something...

### Review of HACCP Plan

- Up-to-date & Compliant
- Requires Updates
- Not Available