



Restaurant Hygiene & Safety Checklist: Kitchen & Dining Room Audit

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)

Enter a number...

Freezer Temperature (°F)

Enter a number...

FIFO Rotation Observed?

☐ Yes

☐ No

☐ N/A

Date of Last Temperature Log Check

Enter date...

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)

Enter a number...

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

Enter date...

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