

# FOOD SERVICES Health & Safety Inspection Report

**Instructions:** Checklist items should be circled "Y" for Yes, "N" for No, or "N/A" for Not Applicable. ● For every item circled "N" (No), provide the "Corrective Action." ● Once corrected, provide date correction completed.  
 ● Items not listed in this report may be included under Item V "Additional Notes" at the end of this form.

**Distribution:** On completion of the INSPECTION, the inspection report should be signed, the original retained by the department, and a copy provided to the **Departmental Safety Representative** (DSR) in charge of the area. The DSR will take responsibility for forwarding the copy to the **Office of Environmental Health & Safety**.

INSPECTION CONDUCTED BY (*print*): \_\_\_\_\_ Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Campus: \_\_\_\_\_ Building: \_\_\_\_\_ Dept: \_\_\_\_\_ Floor/Rm Nos: \_\_\_\_\_

**Date of Inspection:** \_\_\_\_\_

CHECKLIST ITEMS	CORRECTIVE ACTION	Correction Date
-----------------	-------------------	-----------------

**I. KITCHEN (General)**

1. Floors and work boards are free from grease and debris	Y N N/A	_____	_____
2. Steampipes are insulated	Y N N/A	_____	_____
3. Knives, saws, cleavers are in appropriate racks (or drawers) when not in use	Y N N/A	_____	_____
4. Walk in refrigerator boxes are equipped with operable safety latches and safety guards on light fixtures	Y N N/A	_____	_____
5. Sufficient disposal containers are available	Y N N/A	_____	_____
6. Powered meat and food processing equipment is provided with proper guards	Y N N/A	_____	_____
7. Electrical connections and cords are in good condition	Y N N/A	_____	_____
8. The floor is free of standing water	Y N N/A	_____	_____
9. Smoking is not allowed except in designated areas	Y N N/A	_____	_____
10. All equipment and utensils are clean	Y N N/A	_____	_____
11. Plumbing is in good repair, (vacuum breakers in place on submerged inlets and hose bibs)	Y N N/A	_____	_____

**I. KITCHEN (Fire Safety)**

1. Filters, hoods, and ducts are clean (free from excess grease)	Y	N	N/A	_____	_____
2. Automatic or self-extinguishment system inside ducts and hoods checked regularly (every 6 months)	Y	N	N/A	_____	_____
3. Portable extinguishers are available and appropriately maintained (dated every month)	Y	N	N/A	_____	_____
4. Telephone equipped with emergency telephone number stickers (Security)	Y	N	N/A	_____	_____
5. Exits are clearly marked, illuminated and unobstructed	Y	N	N/A	_____	_____

**II. CAFETERIA**

1. Floors are in good repair	Y	N	N/A	_____	_____
2. Doors operate easily	Y	N	N/A	_____	_____
3. There is sufficient aisle space between tables and chairs	Y	N	N/A	_____	_____
4. The housekeeping is adequate	Y	N	N/A	_____	_____
5. The furniture is in good repair	Y	N	N/A	_____	_____
6. Portable fire extinguishers are available and properly maintained (dated every month)	Y	N	N/A	_____	_____
7. Serving line food temperatures are greater than 145°F or less than 45°F	Y	N	N/A	_____	_____
8. Sneeze guard is in place and properly protects food	Y	N	N/A	_____	_____
9. Utensils are properly displayed (handles up)	Y	N	N/A	_____	_____
10. Ice is properly dispensed. (by employee or automatic dispensing machine)	Y	N	N/A	_____	_____
11. All employees are neat in appearance and are wearing proper hair restraints (caps, hair nets)	Y	N	N/A	_____	_____
12. Salad bar is provided with proper sneeze guard	Y	N	N/A	_____	_____

**III. FOOD PREPARATION AREA**

1. All walk-in coolers and refrigerators are holding food at or below 45°F	Y	N	N/A	_____	_____
2. Holding ovens are holding hot foods at or above 145°F	Y	N	N/A	_____	_____
3. There is no evidence of rodent and insect infestation	Y	N	N/A	_____	_____
4. Foods are stored properly (at least 6 inches from the floor)	Y	N	N/A	_____	_____
5. Foods are stored properly (covered containers or properly wrapped and marked)	Y	N	N/A	_____	_____
6. Water temperature for dishwashing is proper (120°F washing; 180°F final rinse automatic dishwasher)	Y	N	N/A	_____	_____
7. Proper sanitizing compounds are available for sanitizing pots, pans, and other items	Y	N	N/A	_____	_____
8. A lavatory with soap, sanitary towels and hot and cold running water is available in the food preparation and serving areas	Y	N	N/A	_____	_____
9. A three (3) compartment sink equipped with hot and cold running water is provided in the dietary facility	Y	N	N/A	_____	_____
10. Freezers are registering 0°F temperatures	Y	N	N/A	_____	_____
11. All cleaning utensils (mops, buckets, etc.) are stored away from the food preparation and storage areas	Y	N	N/A	_____	_____

**IV. ADDITIONAL NOTES**

The person conducting this inspection, as indicated on the front page of this report, should provide his/her signature below.

\_\_\_\_\_  
SIGNATURE OF INSPECTOR

**NOTE:**

**Please remember that inspection reports are to be submitted QUARTERLY to the Departmental Safety Representative (DSR) in charge of the area. The DSR will then forward the report to the Office of Environmental Health & Safety.**