Restaurant food safety self-inspection checklist

Business name: _____ **Location:** _____

Date of inspection: _____ **Inspected by:** _____

Walk through the premises with this list. For each line tick OK, Not OK or N/A. For every Not OK write what you found, what will be done, who does it and by when, and the date it was done. Check against the limits in your own HACCP plan.

No.	Check	OK	Not OK	N/A	Finding	Action	Who, by when	Done (date)
Staff hygiene and health								
1	Staff fit for work; illness and symptoms reported to the manager							
2	Clean work clothes, hair covered, no jewellery on hands or wrists							
3	Hands washed at the right times; no eating or smoking in food areas							
4	Cuts and wounds covered with a waterproof dressing							
5	Hygiene training records up to date for every food handler							
Hand washing								
6	Hand wash basins free to use, with warm water, soap and paper towels							
7	Hand wash basins used only for washing hands							
Temperatures								
8	Fridges and chilled displays within the limit in your plan							
9	Freezers within the limit in your plan							
10	Hot food held at or above the limit in your plan							
11	Cooking and reheating core temperatures checked and recorded							
12	Cooked food cooled quickly; cooling recorded							
13	Probe thermometer working, clean and checked							
Storage and food protection								
14	Raw food stored below or apart from ready-to-eat food							
15	Food covered, labelled and within its date							
16	Opened and prepared food marked with a date							
17	Food stored off the floor; dry store clean and tidy							
18	Food thawed in the fridge or by another safe method							
19	Deliveries checked and recorded on arrival							

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No.	Check	OK	Not OK	N/A	Finding	Action	Who, by when	Done (date)
Cleaning and disinfection								
20	Food contact surfaces and equipment clean							
21	Cleaning products labelled and stored away from food							
22	Disinfectant mixed and tested as the label says							
23	Dishwasher reaches its temperature; detergent dosed							
24	Cleaning schedule followed and signed							
Pest control								
25	No droppings, gnaw marks, insects or other signs of pests							
26	Doors, windows and fly screens closed or intact							
27	Bait stations and traps in place; visits recorded							
Allergens								
28	Allergen information current for every dish							
29	Staff know where to find the allergen information							
30	Allergen-free orders prepared apart with clean equipment							
Premises, water and waste								
31	Floors, walls and ceilings clean and in good repair							
32	Lighting and ventilation working; no mould or condensation							
33	Hot and cold drinking water available							
34	Waste bins with lids, emptied often enough							
35	Toilets and changing areas clean and stocked							
Records								
36	Temperature logs complete and signed							
37	Corrective actions recorded with what was done							
38	HACCP plan current; reviewed after menu or process changes							
39	Supplier list and delivery notes kept							
40	Last official inspection report kept							

Inspected by (name, signature) _____

Manager (name, signature) _____

Next inspection (date) _____