



Kitchen Safety Inspection Checklist

Please send completed form to: _____

Completed by: _____

Date _____ / _____ / _____ Phone _____

Restaurant and Food Operations:	Yes	No	Comments:
1) Kitchen waste materials stored in metal containers with tight-fitting lids kept in designated areas and removed by carts to compactor or dumpster?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Operable automatic dry-chemical extinguishing system in hood and duct above ranges, grills and fat fryers?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Extinguishing heads capped to prevent a cooking buildup?	<input type="checkbox"/>	<input type="checkbox"/>	
4) Extinguishing system's manual pull switches located away from cooking equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
5) Extinguishing system(s) has a semi-annual service contract with qualified firm	<input type="checkbox"/>	<input type="checkbox"/>	
6) Fuel supply for cooking equipment has an automatic shut-off valve when extinguishing system activates?	<input type="checkbox"/>	<input type="checkbox"/>	
7) Deep-fat fryer units controlled and provided with high-temperature shut-offs; overflow gutters provided?	<input type="checkbox"/>	<input type="checkbox"/>	
8) Filters in exhaust system(s) cleaned at least daily?	<input type="checkbox"/>	<input type="checkbox"/>	
9) Exhaust system(s) cleaned at least quarterly by qualified service contractor?	<input type="checkbox"/>	<input type="checkbox"/>	
10) Floors adjacent to deep-fat fryers dry and free of grease?	<input type="checkbox"/>	<input type="checkbox"/>	
12) Floors around sink mopped dry?	<input type="checkbox"/>	<input type="checkbox"/>	
13) Knives placed in sheaths when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	
14) Proper guards in place and used with meat-slicing machines?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Slicing, Cutting and Chopping Machines</i>			
1.) Are the guards in place and the machine properly set to operate?	<input type="checkbox"/>	<input type="checkbox"/>	
2.) Is the immediate area clear around all equipment used for cutting, slicing or chopping before operating equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
3.) When operating equipment do you keep your attention on the job and refrain from talking?	<input type="checkbox"/>	<input type="checkbox"/>	
4.) Never place your fingers in the cutting chute; do you always use the plunger provided?	<input type="checkbox"/>	<input type="checkbox"/>	
5.) If the machine jams, shut off the power immediately and use a wooden push stick to free the blades of obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	
6.) Before cleaning the cutting or rotation surface of the foregoing machines are you positive the power source has been disconnected?	<input type="checkbox"/>	<input type="checkbox"/>	
7.) If the machines are not functioning properly, do you stop operation and notify the instructor immediately?	<input type="checkbox"/>	<input type="checkbox"/>	
9.) Do you always return the slicing machine table to the zero position when you have finished using the machine to prevent injury during clean-up?	<input type="checkbox"/>	<input type="checkbox"/>	

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10.) When using chopping or slicing attachments on the mixing machine do you make sure the attachment is firmly fixed in the correct operating position and the guard is in place?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Meat Saws</i>			
1.) Before starting a machine do you make sure the guards are in place and the machine is properly set to operate?	<input type="checkbox"/>	<input type="checkbox"/>	
2.) Is the floor area immediately around a machine kept clean and uncluttered?	<input type="checkbox"/>	<input type="checkbox"/>	
3.) Before using do you adjust all guards to proper height and distance for the specified cutting operation to be performed before using?	<input type="checkbox"/>	<input type="checkbox"/>	
4.) Do not put your fingers in the immediate vicinity of the blade. Do you feed the meat into the blade with the pusher provided?	<input type="checkbox"/>	<input type="checkbox"/>	
5.) Is a Kevlar glove provided?	<input type="checkbox"/>	<input type="checkbox"/>	

Fire Protection and Prevention:

<i>Fire Extinguishers</i>	Yes	No	
1) Proper number and type(s) of fire extinguishers charged and tagged to show last service date?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Fire extinguishers properly wall-mounted, identified and adequately accessible for hazard involved?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Employees trained in proper use of extinguishers and manual operation of dry-chemical system protecting cooking equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Sprinklers</i>			
4) Sprinkler system control valves secured in open position?	<input type="checkbox"/>	<input type="checkbox"/>	
5) Minimum of 18 inches clearance between stock storage and sprinkler heads?	<input type="checkbox"/>	<input type="checkbox"/>	
6) Clear space of three feet around sprinkler system's main control valve?	<input type="checkbox"/>	<input type="checkbox"/>	
7) Water pressure indicated on sprinkler system's lower gauge?	<input type="checkbox"/>	<input type="checkbox"/>	
8) Sprinkler system(s) periodically tested and maintained; written records kept on premises?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>General Fire Safety</i>			
9) Employees instructed in evacuation procedures for both customers and employees?	<input type="checkbox"/>	<input type="checkbox"/>	
10) Instructions prominently posted for reporting fire and calling Fire Department?	<input type="checkbox"/>	<input type="checkbox"/>	

Electrical Equipment:

1) All electrical equipment properly grounded, portable electrical equipment and extension cords have a ground prong?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Breaker switches properly marked?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Electrical panel boxes have doors closed, clear area of 30 inches in front of boxes?	<input type="checkbox"/>	<input type="checkbox"/>	
4) Switches, switch boxes, outlets and wiring inspected periodically and deficiencies corrected?	<input type="checkbox"/>	<input type="checkbox"/>	

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Storage Areas:			
1) Stock properly and securely stacked; stored on racks, shelves or pallets?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Good housekeeping maintained, aisles clear, storage room orderly, floors free of debris, storage has proper clearances from hot-water heater and sprinklers?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Shelving and racks in good repair and secured to avoid tipping?	<input type="checkbox"/>	<input type="checkbox"/>	
Cold-storage and Refrigeration Equipment			
1) Refrigeration and air-conditioning compressors clean, well ventilated, kept clear of combustibles?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Walk-in cooler and freezer doors provided with operable interior-release mechanism?	<input type="checkbox"/>	<input type="checkbox"/>	
3) When restocking, new stock placed at rear and old stock moved up front for use first?	<input type="checkbox"/>	<input type="checkbox"/>	
4) Recommended holding times for food followed?	<input type="checkbox"/>	<input type="checkbox"/>	
Floors and Walking Surfaces			
1) Floor free from food spillage, silverware, broken glassware, loose mats, torn carpets or other hazards?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Portable signs indicate wet-mopped floors or temporary hazards?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Stair treads equipped with abrasive strips or other nonskid surface?	<input type="checkbox"/>	<input type="checkbox"/>	
4) Outdoor walkways checked frequently for, tripping hazards; repairs made promptly?	<input type="checkbox"/>	<input type="checkbox"/>	
5) Indoor-outdoor carpeting or other type of mat provided at entrance doors in inclement weather?	<input type="checkbox"/>	<input type="checkbox"/>	
6) Changes in interior elevations properly illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	
Exits			
1) Exits properly marked, illuminated and unobstructed; doors kept unlocked during hours of operation or equipped with panic bars?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Non-exit doors (to rest room area, kitchen, closets, etc.) identified properly?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Secure handrails on all stairs and steps?	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior Areas			
1) Paths and parking lot well illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Steps, ramps, grounds, parking lot in good repair, free of holes or obstruction, well illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Snow and ice promptly removed from parking lot and all walkway surfaces, when necessary?	<input type="checkbox"/>	<input type="checkbox"/>	



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General Safe Practices			
1) Pest control services performed by a licensed, independent extermination contractor?	<input type="checkbox"/>	<input type="checkbox"/>	
Are substances used approved for use in food establishments?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Heimlich Maneuver posters in plain view; employees trained, where required by law?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Fully equipped first-aid kit available at all times; at least one employee on each shift trained in its use?	<input type="checkbox"/>	<input type="checkbox"/>	
4) Certificates of insurance required from all servicing contractors and suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	
5) Emergency telephone numbers for police and emergency medical services prominently posted?	<input type="checkbox"/>	<input type="checkbox"/>	
6) Dishes and utensils taken out of service and discarded when chipped, cracked or broken?	<input type="checkbox"/>	<input type="checkbox"/>	
Crime			
1) Cash registers emptied and left open during non-operating hours?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Cash drawers skimmed frequently to reduce the cash in each drawer?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Bank deposits made at least twice daily with varying times and routes?	<input type="checkbox"/>	<input type="checkbox"/>	
4) Combination to safe changed after turnover of money-handling personnel?	<input type="checkbox"/>	<input type="checkbox"/>	
5) Back door equipped with a panic lock so it can be kept locked at all times, equipped with hinge pins?	<input type="checkbox"/>	<input type="checkbox"/>	
6) Cash register tallies checked against deposits daily; other checks used to detect employee dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
Describe specific conditions to be corrected			