

Daily Checklist

Week of: _____

Check each item after completion, record proper information, and document corrective actions.	MON	TUES	WED	THURS	FRI	SAT	SUN
Certified Food Manager/Person in charge: There must be a person in charge at all times.							
Hand Washing Facilities: Un-obstructed, clean, equipped with soap, paper towels and fingernail brush.							
Illness Reporting: Are there any ill employees? Document name, date, illness, associated symptoms on illness log.							
Employee Health & Hygiene: Washing hands after eating, drinking, using toilet, smoking, after raw meat prep. Using gloves with ready- to- eat foods. Hair restraint, clean clothing.							
Food: Proper records, shellfish tags, etc. No spoilage, in original containers, labeled, dated, 6 inches off the floor, covered and organized.							
Cross Contamination: Raw meats, raw eggs, unwashed vegetables below and separate. Ice/food dispensing scoops out of product. Safe preparation methods.							
Sanitizers- Record Concentration: Bleach: 50-200ppm Quaternary Ammonia: 200-400ppm Iodine: 12.5-25mg/L	AM	ppm	ppm	ppm	ppm	ppm	ppm
	PM	ppm	ppm	ppm	ppm	ppm	ppm
3 Compartment Sink- Record Sanitizer Concentration:	ppm	ppm	ppm	ppm	ppm	ppm	ppm
Dishwasher Rinse Temperature: Rinse: at least 180°	°F	°F	°F	°F	°F	°F	°F
Food Contact Surfaces: All sinks, prep tables, and equipment are thoroughly cleaned and sanitized. Equipment has been taken apart- cleaned and sanitized.							
Non-Food Contact Surfaces: All utensils and equipment are clean and stored in correct area. All floors, walls, and ceilings are clean.							
Rodent & Pest Prevention: Any evidence of rodents or pests? Dumpster lids are closed, no gaps or holes, licensed pest control							
Chemical Storage: All chemicals and toxics are labeled and away from/below food prep and storage areas. Lotions and Kleenex are stored separate.							
Water: Hot/Cold water pressure. Hot water temp: 110-130°. No cross connection, back siphonage. Back flow device in place, approved waste system.							
HACCP Program (if applicable): Is it in place, used, and reviewed daily by person-in-charge? All HACCP plans must be approved.							

Corrective Actions: _____

Daily Temperature Log

Week of: _____

UNIT	TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
	AM	°F	°F	°F	°F	°F	°F	°F
	PM	°F	°F	°F	°F	°F	°F	°F
	AM	°F	°F	°F	°F	°F	°F	°F
	PM	°F	°F	°F	°F	°F	°F	°F
	AM	°F	°F	°F	°F	°F	°F	°F
	PM	°F	°F	°F	°F	°F	°F	°F
	AM	°F	°F	°F	°F	°F	°F	°F
	PM	°F	°F	°F	°F	°F	°F	°F
	AM	°F	°F	°F	°F	°F	°F	°F
	PM	°F	°F	°F	°F	°F	°F	°F
	AM	°F	°F	°F	°F	°F	°F	°F
	PM	°F	°F	°F	°F	°F	°F	°F
	AM	°F	°F	°F	°F	°F	°F	°F
	PM	°F	°F	°F	°F	°F	°F	°F
	AM	°F	°F	°F	°F	°F	°F	°F
	PM	°F	°F	°F	°F	°F	°F	°F