**Monthly Food Service Inspection Log:**

|  |  |  |
| --- | --- | --- |
| Institution:  | Date Evaluated:  | Time:  |
| **Key: + = Acceptable - = Not Acceptable** |
| **Items Evaluated** |  **+** |  **-** | **Items Evaluated** |  **+** |  **-** |
|  Food Handlers: |   |   |  Preparation Techniques: |   |   |
| Personal Hygiene |   |   | Potentially Hazardous Food |   |   |
| Exam. By Supervisors |   |   | Sandwiches |   |   |
|   |   |   | Green Vegetables |   |   |
|  Facilities & Equipment: |   |   | Frozen Food |   |   |
| Ventilation |   |   | Leftover Foods |   |   |
| Floors |   |   | Dishes & Utilities |   |   |
| Insect & Rodent Control |   |   | Handling Procedures |   |   |
| Preparation Surfaces |   |   | Serving Line (temperatures) |   |   |
| Utensil Storage |   |   |   |   |   |
| Hand Washing Facilities |   |   |  Washing & Sanitation: |   |   |
| Mop & Broom Work |   |   | Pre-Wash |   |   |
| Latrine(s) |   |   | Wash (temperature) |   |   |
|   |   |   | Rinse (temperature) |   |   |
|  From Approved Sources: |   |   | Large Equip. (pots, pans, etc.) |   |   |
| Food |   |   | Water & Coffee Containers |   |   |
| Water / Ice |   |   | Other Food Contact Surfaces |   |   |
|   |   |   |  |   |   |
|  Storage Technique: |   |   |   |   |   |
| Refrigerators |   |   |  Facility Cleanliness: |   |   |
| Freezers |   |   | Garbage Cans/Dumpsters |   |   |
| Vegetables |   |   | Grease Receptors |   |   |
| Bread & Bakery Products |   |   | Refuse Handling |   |   |
| Milk Dispensers |   |   |   |   |   |
| Dry Storage |   |   |  Other: |   |   |
| Unlighted when closed |   |   |   |   |   |
| Non-Food |   |   |   |   |   |
| Clean Equipment |   |   |   |   |   |

Remarks and Recommendations:

Overall Rating:

|  |  |  |  |
| --- | --- | --- | --- |
| Satisfactory: | Unsatisfactory: |  Signature of Evaluator: | Title: |

# **Self-Scoring Inspection:**

Each question answered in the affirmative counts (2) or (4) points. Enter a “0”, “2”, “4”, etc. cumulative score for each numbered item as appropriate:

|  |  |
| --- | --- |
| Are the floors, walls and ceilings in good repair, smooth, painted, and clean? (2) Are dustless floor clearance methods used? (2)  |  |
| Is there sufficient natural and/or artificial light for all preparation, serving, and storage areas? (2) Are fly control methods effective? (2)  |  |
| Is the ventilation system adequate and are odors removed by air circulation? (2) |  |
| Are restrooms adequate for both guests and employees? (2) Are restrooms clean, lighted, ventilated, in good repair? Are hand washing signs posted in employee restrooms? (2) |  |
| Are the lavatories adequate, convenient, clean, and in good repair; equipped with a combination faucet, supplied with soap, individual towels, and area well-lighted? (2) Is a two minute hand washing massage with germicidal soap employed by each food handler before going on duty, after each restroom visit, and after handling money or other items that may be contaminated? (4) |  |
| Are ice bins cleaned and sanitized regularly? Are bins in good repair and ice clean? Are scoops sanitized daily? (2) |  |
| Are pots, pans, utensils, and serving trays clean, stored properly, and inspected regularly for cracked, chipped, corroded, or rusted surfaces, replacement or repair? (2) |  |
| Are all dry storage spaces maintained between 45 and 72 degrees F, clean, organized? Is all storage of the floor and unlighted and/or light-proofed when not in use by staff? (2) |  |
| Are all beverage dispensers, work surfaces and counters, meat blocks, refrigerators, stoves, and hoods cleaned daily? (4) Are these items in good repair? (2) |  |
| Are wiping cloths and dish/glass racks clean and sanitized daily? (2) Are dishes washed, rinsed, sanitized, handled, and stored properly? (4) Is the final rinse temperature verified by a thermometer reading during each dishwashing period? (2) Do both wash and rinse lines of the mechanical dish machine have an accurate indicating thermometer? (2) Is all dish and glass washing equipment cleaned inside and outside after each use? (2) |  |
| Are silverware, paper cups, straws, and eating utensils covered and stored properly? (2) |  |
| Is the refuse disposal area clean? Do the refuse cans have disposable liners and fly-tight covers? (4) Are the cans washed with brushes and sanitized daily using steam, hot water, or a detergent sanitizer? (2) |  |
| Is the refrigeration temperature between 34 and 42 degrees F? Are all perishable cold foods refrigerated until they are served? (2) Are wrappers removed from perishable food items before these items are refrigerated? Are they stored separated from bottled drinks? (2) |  |
| Is milk properly stored and refrigerated at 40 degrees F? (4) Is milk served in the original container or from a bulk dispenser into a clean glass that is not touched at the rim? (2) |  |
| Is the perishable food supply checked daily for signs of spoilage? Are all spoiled foods removed at once? (2) |  |
| Are seafood identified by state or federal identification handled properly and refrigerated? (2) |  |
| Are leftover and un-served portions re-served if safe to do so? (2) |  |
| Are all foods kept covered, stored in sanitized containers, and handled in a sanitary manner? (4) Is special effort made to avoid handling food with fingers, exposing it to coughs, sneezes, etc.? Are soiled cloths and aprons in covered containers? (4) Is “tasting” prohibited by other than the Steward using a portion dish for tasting? (2) |  |
| Are roaches, rodents, and other vectors of disease under control? (4) Are all foods protected from toxics and insecticides? (4) |  |
| Is control of the “hands habit” a prominent item of personal training? (2) Do all food handlers wear whites while on duty? (2) Are food products, utensils, and surfaces protected from contamination by contact with the human body? (4) Are food handlers prevented from handling food when “runny” colds, “flu”, cuts, open lesions, or upset stomachs are evident? (4) |  |
| Are the food service surroundings neat, clean, and inspected by the Food Service Supervisor or designee daily? (2) |  |
|  |  |
| Perfect Score is 100. **Total Score:** |  |

Printed Name & Signature of Inspector: Date:

Job Title of Inspector:

Distribution: Original to Superintendent.

 Cc: Food Service Manager (If completed by other person.)

 Food Service Supervisor.

 Institution Medical Unit.