

FOOD SERVICE SAFETY & HEALTH EVALUATION CHECKLIST

CAMPUS _____ DATE _____

BUILDING _____ ROOM _____

Instructions. Check each item below as "Satisfactory" or "Unsatisfactory." Add any pertinent comments and the location of hazards in the space provided for each item checked "Unsatisfactory."

	Satisfactory	Unsatisfactory	N/A	Comment/Location
DOORS AND WINDOWS				
Unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Not damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Door fans operating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Screens in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FLOORS				
No wet/slip, fall hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No food/spills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No grease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate floor drains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floors have a non-slip coating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LIGHTS				
Lighting adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Not uncovered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Not damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VENTS				
No grease buildup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Not damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HOT FOOD STORAGE				
Not dirty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food = >40F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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COLD FOOD STORAGE				
Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No food on floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food not damaged/inedible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Not = <40F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No shelf damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Not congested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No water on floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FOOD PROTECTION				
Food covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food handling practices followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No meat slicer blades exposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food not contaminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food separated from cleaners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EQUIPMENT & UTENSILS				
Hoods clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Filters over cooking areas are clean And free of grease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhaust hoods and ventilation Ducts are installed with an Automatic dry chemical fire Extinguishing system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Deep fat fryers are equipped with Temperature limiting devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meat slicer blades kept protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knives cleaned after use and Returned to appropriate areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Steam & other pressure operated Equipment has proper pressure Relieving devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FLOOR MATS				
No grease buildup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ICE STORAGE				
Ice clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ice scoop clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ice scoop stored properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area free of water/ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doors/lid closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	Satisfactory	Unsatisfactory	N/A	Comment/Location
FIRE EQUIPMENT/EXITS				
Fire extinguishers accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers tagged, serviced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exits properly illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exits clear and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ELECTRICAL				
Clearance 36" inches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No exposed wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical circuits not overloaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GENERAL SAFETY				
Good Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders inspected regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employees' shoes in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area free of falling hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency phone numbers posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Egress available from walk in refrigerators/freezers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleaning chemicals controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid material available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CORRECTIVE ACTION TAKEN (indicate work order has been initiated)				

Inspector's Signature

Print Name