



Restaurant Inspection Checklist

Client:

Date:

Location Address:

A vital part of loss control is the recognition and removal or correction of unsafe activities or conditions before a loss occurs. This checklist provides you with a tool to identify some area that might need attention. A "NO" response to any question indicates corrective action may be necessary. This survey form should be completed at least quarterly, and reviewed by the various levels of management to assure the unsafe acts/conditions are corrected and follow-ups are scheduled to see if the correction(s) accomplishes its purpose. Additional measures may be required beyond those identified by this checklist.

Restaurant and Food Operations:

	Yes	No	N/A
1) Kitchen waste materials stored in containers with tight-fitting lids, kept in designated areas and removed by carts to compactor or dumpster.....	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
3) Extinguishing heads capped to prevent a cooking build-up?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Extinguishing system's manual pull switches located away from cooking equipment?....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Extinguishing system(s) cleaned at least quarterly by qualified service contractor?.....	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>
8) Filters in exhaust systems(s) cleaned daily or quarterly?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Floors adjacent to deep-fat fryers dry and free of grease?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Floors around sink mopped dry?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Floors adjacent to soft-drink syrup tanks cleaned regularly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Knives placed in proper storage area when not in use?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Proper guards on meat slicing machines in place when in use?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Are there proper cleaning and training procedures for the meat slicer?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Main shut-off valves (water, gas) free from obstruction?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food Handling Practices:

	Yes	No	N/A
1) Perishable or potentially hazardous foods properly stored and held at the right temperature?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Cutting boards washed and sanitized whenever the use switches between raw food and cooked or ready-to-serve food?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Employees wash hands after wiping tables and bussing soiled dishes, before handling place-settings?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Fire Protection and Prevention

Fire Extinguishers

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1) Proper number and type(s) of fire extinguishers, charged, tagged to show last service and monthly inspection tag filled out?..... | <input type="checkbox"/> | <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"/> | <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"/> | <input type="checkbox"/> |

Sprinklers

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 4) Sprinkler system control valves secured in open position?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Minimum of 18 inches clearance between stock storage and sprinkler heads?..... | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| 7) Water pressure indicated on sprinkler system's lower gauge?..... | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |

General Fire Safety

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 9) Employees instructed in evacuation procedures for both customers and employees?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Instructions prominently posted for reporting fire and calling the Fire Department?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Flammable and combustible liquids (solvents, etc.) stored properly?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Storage of combustibles not permitted within 30 feet of boilers, furnaces or other heat sources? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Electrical Equipment:

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1) All electrical equipment properly grounded, portable electrical equipment and extension cords have a ground prong?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Breaker switches properly marked?..... | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| 4) Switches, switch boxes, outlets and wiring inspected periodically, deficiencies corrected? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Storage Areas:

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1) Stock properly and securely stacked; stored on racks, shelves or palettes?..... | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| 3) Shelving and racks in good repair?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Cold-storage and Refrigeration Equipment

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1) Refrigeration and air-conditioning compressors clean, well ventilated, kept clear of combustibles?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Walk-in cooler and freezer doors provided with operable interior-release mechanisms system?..... | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| 4) Open containers, or personal items in cold-storage areas?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Floors and Walking Surfaces

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1) Floor free from food spillage, silverware, broken glassware, loose mats, torn carpets or other hazards?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Portable signs indicate wet-mopped floors or temporary hazards?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Stair treads equipped with abrasive strips or other nonskid surface?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



- 4) Outdoor walkways checked frequently for tripping hazards; repairs made promptly?...
- 5) Indoor-outdoor carpeting or other type of mat provided at entrance doors in inclement weather?.....
- 6) Changes in interior elevations properly illuminated?.....

Exits

- 1) Exits properly marked, illuminated and unobstructed; doors kept unlocked during hours of operation or equipped with panic bars?.....
- 2) Non-exit doors (to rest room area, kitchen, closets, etc) identified properly?.....
- 3) Secure handrails on all stairs and steps?.....

Exterior and Employee Areas

- 1) Paths and parking lot well illuminated?.....
- 2) Steps, ramps, grounds, parking lot in good repair, free of holes or obstruction, well illuminated?.....
- 3) Snow and ice promptly removed from parking lot and all walkway surfaces?.....
- 4) Car stops (bumper strips) painted contrasting colors so they are clearly visible?.....
- 5) Dumpster and grease deposit area secured and maintained?.....

Patio Area

- 1) Is the outside furniture in good repair?.....
- 2) Are trip hazards removed?.....
- 3) Are electric outlets ground fault interruptor in origin and covered?.....
- 4) Is the patio area clean and well illuminated?.....

General Safe Practices

- 1) Pest control services performed by a licensed, independent extermination contractor, are the substances used approved for use in food establishments?.....
- 2) Division of Industrial Relations posters in plain view of employees?.....
- 3) Fully equipped First Aid kit available at all times and at least one employee per shift trained in it's use?.....
- 4) Emergency phone numbers for police and emergency medical services prominently posted?.....
- 5) Dishes and utensils taken out of service and discarded when chipped, cracked, broken?.....
- 6) Restrooms clean, with cleaning schedule posted and maintained?.....
- 7) Zero Energy Status: No leaning objects such as ladders, folding tables, etc.....
- 8) MSDS (Material Safety Data Sheets) books and at least one employee per shift trained to use it.....
- 9) Office area hazards: personal items such as purses, aspirin, etc. put away?.....
- 10) Employee break area hazards clear?.....

Crime

- 1) Cash registers emptied and left open during non-operating business hours?.....
- 2) Cash drawers skimmed frequently to reduce the cash in each drawer?.....
- 3 Bank deposits made at least twice daily with varying times and routes?.....
- 4) Combination to safe changed after turnover of money-handling personnel?.....
- 5) Back door equipped with a panic lock so it can be kept locked at all times, equipped



with hinge pins?.....
6) Cash register tallies checked against deposits daily; other checks used to detect
employee dishonesty?.....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>