

Food Safety Self Inspection Form

SCHOOL: _____

Please refer to the Best Practices for Safe Food Handling

Dry Storage 1.0

Is all food at least 6 inches off the floor? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Are all foods covered? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Are food storage shelves clean and in good repair? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Are personal items stored separately from utensils and food? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Are maintenance supplies stored separately from utensils and food? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Are toxic chemicals labeled and stored separately from utensils and food, out of reach of children? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Refrigerated Storage 2.0

Are thermometers conspicuously placed in the warmest part of the unit? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Is raw meat stored below other food? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Are refrigerators at 4°C/40°F or below? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Are freezers at -18°C/0°F or below? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Are refrigerators and freezers defrosted and cleaned regularly, with attention paid to the gaskets? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Are all foods covered? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Personal Hygiene 3.0

Are food handlers following proper procedures for hand washing and at appropriate times? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Are employees/volunteers with illnesses or infections restricted from handling food and utensils? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Are hand sinks equipped with soap and disposable towels for proper hand washing? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Are employees/volunteers eating, drinking or smoking away from food preparation and utensil washing areas? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
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Cleaning and Sanitizing Food Contact Surfaces 4.0

Are food contact surfaces of prep sinks, tables, equipment, utensils, thermometers washed, rinsed and sanitized with VIPER before each use and/or if contamination has occurred? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Are test strips provided and used to monitor the VIPER sanitizer concentration? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Are wiping cloths stored in a VIPER sanitizing solution to prevent the spread of contaminants? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
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<p>Are proper washing procedures followed for utensils and dishes, ensuring wash and rinse water is kept clean?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>	<p>Are any damaged utensils and dishes discarded promptly?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>	<p>Are all utensils and dishes air dried and stored properly?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
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Food Preparation 5.0

<p>Is a metal stemmed food probe thermometer with a range of -18°C/0°F - 104°C/220°F provided?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>	<p>Are potentially hazardous foods cooked and/or preheated to the correct temperature?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>	<p>Are potentially hazardous foods properly thawed?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>Is potentially hazardous food cooled under refrigeration or in an ice bath?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>	<p>Are proper procedures being followed to prevent cross contamination?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>	<p>Are potentially hazardous food held below 4°C/40°F or above 60°C/140°F?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>

Receiving Deliveries 6.0

<p>Are food deliveries transferred to their appropriate location as quickly as possible?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>	<p>Are temperatures of refrigerated foods checked upon receipt?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>	<p>Are frozen foods checked for any signs of thawing?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>	<p>Are Best Before dates checked on all foods?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
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General Premise 7.0

<p>Is all equipment clean and in good repair?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>	<p>Is garbage removed daily and outside container lids are closed?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>	<p>Is adequate ventilation supplied and maintained?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>Are all lights shielded?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>	<p>Are any repairs needed done in a timely fashion?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>	<p>Are floors, walls and ceilings clean and in good repair?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>

Date of Inspection: _____

Inspection Completed by: _____

Principal's Signature: _____

Please complete and return to Cherie Hardie by January 20nd 2017 to chardie@hpeds.on.ca or by courier.