

# HACCP-Based SOPs

## FOOD SAFETY CHECKLIST

Date \_\_\_\_\_ Observer \_\_\_\_\_

Directions: Use this checklist daily. Determine areas in your operations requiring corrective action. Record corrective action taken and keep completed records in a notebook for future reference.

### PERSONAL HYGIENE

	Yes	No	Corrective Action
• Employees wear clean and proper uniform including shoes.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Effective hair restraints are properly worn.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Fingernails are short, unpolished, and clean (no artificial nails).	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Jewelry is limited to a plain ring, such as wedding band and a watch and no bracelets.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Hands are washed properly, frequently, and at appropriate times.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Burns, wounds, sores or scabs, or splints and water-proof bandages on hands are bandaged and completely covered with a foodservice glove while handling food.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Eating, drinking, chewing gum, smoking, or using tobacco are allowed only in designated areas away from preparation, service, storage, and ware washing areas.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Employees use disposable tissues when coughing or sneezing and then immediately wash hands.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Employees appear in good health.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Hand sinks are unobstructed, operational, and clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Hand sinks are stocked with soap, disposable towels, and warm water.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• A handwashing reminder sign is posted.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Employee restrooms are operational and clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____

### FOOD PREPARATION

	Yes	No	Corrective Action
• All food stored or prepared in facility is from approved sources.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food equipment utensils, and food contact surfaces are properly washed, rinsed, and sanitized before every use.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Frozen food is thawed under refrigeration, cooked to proper temperature from frozen state, or in cold running water.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Thawed food is not refrozen.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Preparation is planned so ingredients are kept out of the temperature danger zone to the extent possible.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is tasted using the proper procedure.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Procedures are in place to prevent cross-contamination.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is handled with suitable utensils, such as single use gloves or tongs.	<input type="checkbox"/>	<input type="checkbox"/>	_____



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- Food is prepared in small batches to limit the time it is in the temperature danger zone. ☐ Yes ☐ No \_\_\_\_\_
- Clean reusable towels are used only for sanitizing equipment and surfaces and not for drying hands, utensils, or floor. ☐ Yes ☐ No \_\_\_\_\_
- Food is cooked to the required safe internal temperature for the appropriate time. The temperature is tested with a calibrated food thermometer. ☐ Yes ☐ No \_\_\_\_\_
- The internal temperature of food being cooked is monitored and documented. ☐ Yes ☐ No \_\_\_\_\_

## HOT HOLDING

- |   | Yes                      | No                       | Corrective Action |
|---|--------------------------|--------------------------|-------------------|
| • Hot holding unit is clean.  | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Food is heated to the required safe internal temperature before placing in hot holding. Hot holding units are not used to reheat potentially hazardous foods. | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Hot holding unit is pre-heated before hot food is placed in unit.   | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Temperature of hot food being held is at or above 135 °F.   | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Food is protected from contamination.   | <input type="checkbox"/> | <input type="checkbox"/> | _____             |

## COLD HOLDING

- |   | Yes                      | No                       | Corrective Action |
|---|--------------------------|--------------------------|-------------------|
| • Refrigerators are kept clean and organized.               | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Temperature of cold food being held is at or below 41 °F. | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Food is protected from contamination.                     | <input type="checkbox"/> | <input type="checkbox"/> | _____             |

## REFRIGERATOR, FREEZER, AND MILK COOLER

- |   | Yes                      | No                       | Corrective Action |
|---|--------------------------|--------------------------|-------------------|
| • Thermometers are available and accurate.  | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Temperature is appropriate for pieces of equipment.   | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Food is stored 6 inches off floor or in walk-in cooling equipment.  | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Refrigerator and freezer units are clean and neat.  | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Proper chilling procedures are used.  | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • All food is properly wrapped, labeled, and dated.   | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • The FIFO (First In, First Out) method of inventory management is used.  | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| • Ambient air temperature of all refrigerators and freezers is monitored and documented at the beginning and end of each shift. | <input type="checkbox"/> | <input type="checkbox"/> | _____             |

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## FOOD STORAGE AND DRY STORAGE

	Yes	No	Corrective Action
• Temperatures of dry storage area is between 50 °F and 70 °F or State public health department requirement.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• All food and paper supplies are stored 6 to 8 inches off the floor.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• All food is labeled with name and received date.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Open bags of food are stored in containers with tight fitting lids and labeled with common name.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• The FIFO (First In, First Out) method of inventory management is used.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• There are no bulging or leaking canned goods.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is protected from contamination.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• All food surfaces are clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Chemicals are clearly labeled and stored away from food and food-related supplies.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• There is a regular cleaning schedule for all food surfaces.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is stored in original container or a food grade container.	<input type="checkbox"/>	<input type="checkbox"/>	_____

## CLEANING AND SANITIZING

	Yes	No	Corrective Action
• Three-compartment sink is properly set up for ware washing.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Dishmachine is working properly (such as gauges and chemicals are at recommended levels).	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Water is clean and free of grease and food particles.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Water temperatures are correct for wash and rinse.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• If heat sanitizing, the utensils are allowed to remain immersed in 171 °F water for 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• If using a chemical sanitizer, it is mixed correctly and a sanitizer strip is used to test chemical concentration.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Smallware and utensils are allowed to air dry.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Wiping cloths are stored in sanitizing solution while in use.	<input type="checkbox"/>	<input type="checkbox"/>	_____

## UTENSILS AND EQUIPMENT

	Yes	No	Corrective Action
• All small equipment and utensils, including cutting boards and knives, are cleaned and sanitized between uses.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Small equipment and utensils are washed, sanitized, and air-dried.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Work surfaces and utensils are clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Work surfaces are cleaned and sanitized between uses.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Thermometers are cleaned and sanitized after each use.	<input type="checkbox"/>	<input type="checkbox"/>	_____



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- |  |                          |                          |       |
|--|--------------------------|--------------------------|-------|
| ● Thermometers are calibrated on a routine basis.  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ● Can opener is clean.   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ● Drawers and racks are clean.   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ● Clean utensils are handled in a manner to prevent contamination of areas that will be in direct contact with food or a person's mouth. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

## LARGE EQUIPMENT

- |  | Yes                      | No                       | Corrective Action |
|--|--------------------------|--------------------------|-------------------|
| ● Food slicer is clean.  | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| ● Food slicer is broken down, cleaned, and sanitized before and after every use. | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| ● Boxes, containers, and recyclables are removed from site.                      | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| ● Loading dock and area around dumpsters are clean and odor-free.                | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| ● Exhaust hood and filters are clean.  | <input type="checkbox"/> | <input type="checkbox"/> | _____             |

## GARBAGE STORAGE AND DISPOSAL

- |  | Yes                      | No                       | Corrective Action |
|--|--------------------------|--------------------------|-------------------|
| ● Kitchen garbage cans are clean and kept covered. | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| ● Garbage cans are emptied as necessary.           | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| ● Boxes and containers are removed from site.      | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| ● Loading dock and area around dumpster are clean. | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| ● Dumpsters are clean.                             | <input type="checkbox"/> | <input type="checkbox"/> | _____             |

## PEST CONTROL

- |   | Yes                      | No                       | Corrective Action |
|---|--------------------------|--------------------------|-------------------|
| ● Outside doors have screens, are well-sealed, and are equipped with a self-closing device. | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| ● No evidence of pests is present.  | <input type="checkbox"/> | <input type="checkbox"/> | _____             |
| ● There is a regular schedule of pest control by a licensed pest control operator.          | <input type="checkbox"/> | <input type="checkbox"/> | _____             |

