

## WEEKLY FOOD SAFETY AUDIT

UNIT _____		DATE _____				
		AUDIT BY _____				
	ITEM	YES	NO	ACTION TO BE TAKEN	TARGET COMPLETION	DONE
1	DELIVERY CHECKS					
2	DAILY DELIVERY TEMPERATURE CHECKS					
3	THERMOMETERS AND TEMPERATURE CHECKS					
4	WALK-IN COLD ROOM/FREEZER					
4.1	Floors					
4.2	Walls					
4.3	Shelves					
4.4	Tray storage containers					
4.5	Food storage					
4.6	Light					
4.7	Ceiling					
4.8	Door/seals					
4.9	Stocking					
4.10	Temperature					
5	DRY STORES					
5.1	Floors/walls/ceiling					
5.2	Stocking					
5.3	Loose dry goods					
5.4	Light					
6	MAIN KITCHEN AREA					
6.1	Ovens					
6.2	Mixers					
6.3	Pot rack/storage racks					
6.4	Grills					
6.5	Canopy					
6.6	Food preparation area					
6.7	Food service area					
6.8	Fryers					
6.9	Stock pot					
6.10	Refrigerators					
6.11	Freezers					
6.12	Microwave					
6.13	Floors					
6.14	Refuse bins, lids					
6.15	Lights					
6.16	Free standing equipment					
6.17	Ventilation					

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6.18	Cutlery/crockery/services/dishes,etc					
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CHECKLIST CONT.

UNIT \_\_\_\_\_

DATE \_\_\_\_\_

AUDIT BY \_\_\_\_\_

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