

Monthly Premises Safety Audit

Audited by:

Date:

(Tick as appropriate)

	YES	NO	ACTION	DONE
Records Completed				
Com. Temp/Food Sample/Receipt				
Pest Report				
Induction				
Training Records				
Illness Self Certification				
Kitchen and Service Area				
Cleaning Routines Completed				
Stock Rotation Undertaken				
Dining Rooms				
Cleaning Routines Completed				
TEXT ON FULL RESOURCE				
TEXT ON FULL RESOURCE				
TEXT ON FULL RESOURCE				
TEXT ON FULL RESOURCE				
TEXT ON FULL RESOURCE				
TEXT ON FULL RESOURCE				
TEXT ON FULL RESOURCE				
TEXT ON FULL RESOURCE				

General Repair Comments

Area
Action

Report

Completion of Form:

Monthly premises Safety Audit

This form to be completed by the person in charge every month.

The relevant columns should be ticked when satisfied that the routines and checks listed are being carried out.

Any action necessary should be noted and signed off when completed.

Any general repair comments should be reported to the persons responsible e.g. owners or landlords.

The previous Audit should be consulted each month and work not carried out noted.