

Sanitation Checklist

Day/date _____

Time _____

Personal Sanitation	Main Kitchen	Auxiliary Kitchen
Are food handlers wearing clean outer garments?	Y / N	Y / N
Are food handlers wearing hats, caps, hairnets, or other effective hair restraints?	Y / N	Y / N
Are food handlers wearing rings (other than plain band), dangling bracelets, wristwatches, etc.?	Y / N	Y / N
Are food handlers using strong or offensive perfumes or smelling body odors?	Y / N	Y / N
Are fingernails of food handlers short and clean?	Y / N	Y / N
Do any food handlers have infected burns, cuts, boils?	Y / N	Y / N
Do you detected that any food handlers have acute respiratory illness?	Y / N	Y / N
Are food handlers seen to cough in hands?	Y / N	Y / N
Are instances of spitting in sinks, on floor or in disposal area observed?	Y / N	Y / N
Are food handlers observed scratching head, face or body?	Y / N	Y / N
Are food handlers observed eating in food preparation or serving areas?	Y / N	Y / N

Comments / Concerns: