

END OF YEAR SANITATION/FACILITIES CHECKLIST

SCHOOL NAME: _____

LOC#: _____

FOOD SERVICE SUPERVISOR: _____

DATE: _____

Submit to Supervisor by 10:00 a.m. Friday, June 7, 2024

	Completed		
	YES	NO	N/A*
REFRIGERATORS & FREEZERS (Free Standing and Walk-In Units)			
All equipment is cleaned (racks, shelves, gaskets, surfaces) and left powered on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BEVERAGE COOLERS			
All are cleaned (washed inside/out, and gaskets) and power left on. If closed for Summer, unplug, and leave open.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ICE MACHINE & ICE CREAM FREEZER			
Cleaned inside/out, including gaskets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRODUCTION AREA			
1. Ovens and steamers cleaned (racks, doors, gaskets, legs, outside surfaces).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Worktables and drawers cleaned and organized (surface, shelves, and legs sanitized).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can openers and blades cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Slicer, chopper, and Robot Coupe thoroughly cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Mixer, bowls and utensils cleaned, outside surface cleaned, and floor underneath mixer cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ice caddies cleaned inside/out, including wheels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Mobile food carts and salad bar thoroughly cleaned (wells, sneeze guard, wheels, entire surface).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Scales, beverage dispensers, and cutting boards thoroughly cleaned and sanitized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pots, pans and utensils thoroughly cleaned (edge, corners, underneath and handles).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. All spices and open food items properly stored and labeled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Storage bins and containers cleaned and labeled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Utility carts, shelving units and racks are cleaned (legs, wheels, and underneath).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVING AREA(S)			
1. Serving lines thoroughly cleaned (wells, compartments, sneeze guard, underneath tray rails, legs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cash register stand(s) thoroughly cleaned (including wheels and legs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cash registers cleaned and keypads remain stored in manager's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STORAGE AREA(S)			
1. Shelves are thoroughly cleaned (legs, wheels, and underneath).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cleaning and food supplies are stored separately and organized. Minimum of 6" clearance underneath.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All carts, equipment and boxes are stored neatly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. No expired food items.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FACILITIES (All Areas: Kitchen, Serving, Office, Storage, Bathroom, etc.)			
1. Floor is swept, mopped clean and dry. Floor drains are cleaned and free flowing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Walls, windows, and sills are clean and dry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All sinks cleaned inside/out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. All fans cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Garbage cans cleaned. Brooms and mops stored off the floor (with heads up).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Receiving and dumpster areas cleaned (lids closed).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Kitchen is free of pests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BATHROOM AREA(S)			
1. Toilet(s) cleaned and sanitized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sink(s) and mirrors cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Lockers/shelves cleaned and left empty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OFFICE AREA			
1. Office is organized. Desk and bulletin boards are clutter free.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Current year's records properly organized and filed away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Records retention form completed for old files.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Computer, computer station and telephone cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Manager/Satellite Assistant's Signature

Principal/Administrative Designee Signature

*N/A only applies if site does not have equipment.