



Opening of School Checklist: Sanitation-Facilities-Equipment



SCHOOL NAME _____ LOCATION # _____ DATE: _____

MANAGER/SATELLITE ASSISTANT: _____ SUPERVISOR: _____

Online Instructions: 1. Complete all sections; CLICK on left mouse button next to Yes or No for each response; Click on SAVE icon . 2. Click on Email icon  to send to your Supervisor.

If any answer is NO, specify action taken in the comment section
Work orders **must** be requested through Food & Nutrition at 786-275-0500

A. All KITCHEN EQUIPMENT has been turned on and is operational (ovens, refrigerators, freezers, steamers, kettles, serving lines, ice machines, etc.) ... Yes _____ No _____

*Action Taken to Correct Deficiencies: _____

B. Hot Water was turned on and is available at all sinks Yes _____ No _____

*Action Taken to Correct Deficiencies: _____

C. All areas are PEST-FREE:

- 1. Kitchen Yes _____ No _____
- 2. Storage Areas Yes _____ No _____
- 3. Dining Room Yes _____ No _____
- 4. Office Yes _____ No _____
- 5. Other School Areas Yes _____ No _____

*Action Taken to Correct Deficiencies: _____

D. COMPUTER is communicating and **KEYPADS** are all functioning Yes _____ No _____

*Action Taken to Correct Deficiencies: _____

E. All areas are CLEAN and ORGANIZED:

- 1. Kitchen (floor, walls, tables, etc.) Yes _____ No _____
- 2. Serving Line Yes _____ No _____
- 3. Equipment Yes _____ No _____
- 4. Storage Areas Yes _____ No _____
- 5. Office Yes _____ No _____
- 6. Adequate amount of cleaning supplies for two weeks Yes _____ No _____

*Action Taken to Correct Deficiencies: _____

F. KITCHEN is in **SATISFACTORY** condition ready to receive deliveries Yes _____ No _____

*Action Taken to Correct Deficiencies: _____

G. All summer feeding meals and/or milk have been discarded, if applicable Yes _____ No _____