

Food Retail - OPENING CHECKLIST

Food Establishment Name:	
Date:	Inspector:

	Description	Ye	N	NA	Remarks
No		s	0	(not applica ble)	
1	All staff have valid health cards?				
2	Hands washed prior to commencing work?				
3	Handwashing stations working properly & equipped with liquid soap and paper towels?				
4	Temperature of cold and hot units within temperature range standards?				
5	Staff hygiene uniforms, hair restraints in place and PPE in place?				
6	Laser and/or probe thermometer available for checking temperatures				
7	Is sanitizer bottle at proper concentration and verified?				
8	All the cleaning chemicals are available and stored separately from food?				
9	Mechanical / manual dishwashing sinks and machines working properly?				
10	Bait stations, pest control measures are in place and no signs of pest infestation?				
11	Lighting, ventilation & A/Cs, air curtains for the establishment working properly (where required)?				
12	Garbage containers clean and have been emptied?				
13	Food preparation counters/surfaces have been cleaned and sanitized prior to use?				

Comments: (e.g., resolution of non-compliances)

Person in Charge/Manager Signature:

^{**}NOTE – these must be completed each day and retained for 6 months (soft or hardcopy)



Health, Safety and Environment