# This monitoring template is not guidance nor legal advice provided by the Nutrition and Aging Resource Center or the Administration for Community Living.

# Production Kitchen Food Safety & Sanitation Monitoring Form

This customizable form is intended for monitoring activities and self-inspections of production kitchens.

**DATE:**

**KITCHEN LOCATION:**

**NAME OF MONITOR:**

**FOOD SERVICE DIRECTOR:**

**KITCHEN MANAGER OR PERSON IN CHARGE (PIC):**

**MEALS PREPARED DAILY:**

**TIME PRODUCTION STARTED:**

**TIME OF OBSERVATION:**

**TIME PANNING OF FOOD STARTED:**

**TIME FIRST TRUCK LEAVES:**

**Attach information on the number and length of meal routes.**

## DRY FOOD STORAGE

| **FACTOR** | **YES** | **NO** | **N/A** | **COMMENT** |
| --- | --- | --- | --- | --- |
| Food is stored at least 6” off the floor |  |  |  |  |
| Storage is labeled and organized |  |  |  |  |
| Stock level is reasonable for production volume |  |  |  |  |
| Floor clean, without debris or food spills  |  |  |  |  |
| Shelves clean, in good condition |  |  |  |  |
| Food bins clean, covered, labeled, no contamination |  |  |  |  |
| Food scoops stored appropriately |  |  |  |  |
| Dented cans isolated in labeled area. Disposal policy in place |  |  |  |  |
| Stock is managed using a first in, first out (FIFO) rotation  |  |  |  |  |
| Partial packages, resealed and dated  |  |  |  |  |
| Foods removed from original container are stored securely, labeled, and dated |  |  |  |  |
| Area free of empty boxes, bags, debris |  |  |  |  |
| Product storage allows 18” space to ceiling |  |  |  |  |
| All products are within date |  |  |  |  |
| Food is not stored under overhead sewer or water lines |  |  |  |  |

## PAPER/DISPOSABLE GOODS STORAGE

| **FACTOR** | **YES** | **NO** | **N/A** | **COMMENT** |
| --- | --- | --- | --- | --- |
| All products are stored off the floor |  |  |  |  |
| Stock level reasonable for production volume |  |  |  |  |
| Product storage is labeled and organized |  |  |  |  |
| Floor clean, free from trash |  |  |  |  |
| Shelves clean, in good condition |  |  |  |  |
| Partial packages resealed |  |  |  |  |
| Paper/disposables stored away from overhead sewer or water lines |  |  |  |  |

## REACH-IN COOLER/REFRIGERATOR

| **FACTOR** | **YES** | **NO** | **N/A** | **COMMENT** |
| --- | --- | --- | --- | --- |
| Working, legible thermometer inside cooler, near door  |  |  |  |  |
| Temperature log maintained, reasonable values |  |  |  |  |
| Temperature of cooler |  |  |  | Note temperature: |
| Temperature of sample foods |  |  |  | Note temperature: |
| Temperature of sample foods |  |  |  | Note temperature: |
| Interior surfaces clean and in good condition |  |  |  |  |
| Door, handle, and gaskets are clean and in good condition |  |  |  |  |
| Racks are clean and in good condition |  |  |  |  |
| Food is stored and organized to allow good air circulation |  |  |  |  |
| All food is covered/wrapped and within date  |  |  |  |  |
| All food is in good condition – no mold, spoilage, or bad produce |  |  |  |  |
| Storage order and method minimizes risk of cross contamination (e.g., cooked food stored above raw food, pans used to catch drips, etc.) |  |  |  |  |
| Date marking is used on TCS (time/temperature control for safety) foods |  |  |  |  |
| Stock level reasonable quantity for production volume |  |  |  |  |
| No personal foods or beverages are stored in cooler |  |  |  |  |

## REACH-IN FREEZER

| **FACTOR** | **YES** | **NO** | **N/A** | **COMMENT** |
| --- | --- | --- | --- | --- |
| Working, legible thermometer inside freezer, near door |  |  |  |  |
| Temperature log(s) maintained, reasonable values |  |  |  |  |
| Temperature of freezer |  |  |  | Note temperature: |
| Interior surfaces clean and in good condition; does not need defrosting |  |  |  |  |
| Door, handle, and gaskets are clean and in good condition |  |  |  |  |
| Racks are clean and in good condition |  |  |  |  |
| Food is stored to allow good air circulation, organized |  |  |  |  |
| Partial packages and foods not in original containers are wrapped, labeled, and dated |  |  |  |  |
| Pans of cooked foods are properly wrapped, labeled, and dated |  |  |  |  |
| Products in good condition (no evidence of refreezing or freezer burn; unsealed packages or boxes) |  |  |  |  |
| Stock level reasonable quantity for production volume |  |  |  |  |
| No personal foods or beverages are stored in freezer  |  |  |  |  |

## WALK-IN COOLER/REFRIGERATOR

| **FACTOR** | **YES** | **NO** | **N/A** | **COMMENT** |
| --- | --- | --- | --- | --- |
| Working, legible thermometer inside cooler, near door |  |  |  |  |
| Temperature log maintained, reasonable values |  |  |  |  |
| Temperature of cooler |  |  |  | Note temperature: |
| Temperature of sample foods |  |  |  | Note temperature: |
| Temperature of sample foods |  |  |  | Note temperature: |
| Interior surfaces clean and in good condition |  |  |  |  |
| Door, handle, and gaskets are clean and in good condition |  |  |  |  |
| Racks are clean and in good condition |  |  |  |  |
| Food stored off the floor  |  |  |  |  |
| Product storage orderly, organized |  |  |  |  |
| All food is covered/wrapped and within date  |  |  |  |  |
| All food is in good condition – no mold, spoilage, or bad produce |  |  |  |  |
| Storage order and method minimizes risk of cross contamination (e.g., cooked food stored above raw food, pans used to catch drips, etc.)  |  |  |  |  |
| Date marking is used on TCS (time/temperature control for safety) foods |  |  |  |  |
| Stock level reasonable quantity for production volume |  |  |  |  |
| No personal foods or beverages are stored with facility foods |  |  |  |  |

## WALK-IN FREEZER

| **FACTOR** | **YES** | **NO** | **N/A** | **COMMENT** |
| --- | --- | --- | --- | --- |
| Working, legible thermometer inside cooler, near door |  |  |  |  |
| Temperature log(s) maintained, reasonable values |  |  |  |  |
| Temperature of freezer |  |  |  | Note temperature: |
| Interior surfaces clean, in good condition, and does not need defrosting |  |  |  |  |
| Door, handle, and gaskets are clean and in good condition |  |  |  |  |
| Food is stored and organized to allow good air circulation (labeled) |  |  |  |  |
| Racks are clean and in good condition |  |  |  |  |
| Food stored off floor |  |  |  |  |
| Leftovers dated, labeled, and within date |  |  |  |  |
| Partial packages and foods not in original containers are wrapped, labeled, and dated |  |  |  |  |
| Pans of cooked foods are properly wrapped, labeled, and dated |  |  |  |  |
| Products in good condition (no freeze-thawing, packages sealed) |  |  |  |  |
| Product storage orderly, organized |  |  |  |  |
| Stock level reasonable amount for production volume |  |  |  |  |
| No personal foods or beverages are stored with facility foods |  |  |  |  |

## FOOD PREPARATION AREA

| **AREA** | **YES** | **NO** | **N/A** | **COMMENT** |
| --- | --- | --- | --- | --- |
| Ovens  |  |  |  |  |
| Cook top |  |  |  |  |
| Grill/Griddle |  |  |  |  |
| Steamer |  |  |  |  |
| Hood and vents are clean, grease catcher maintained |  |  |  |  |
| Mixer (covered) |  |  |  |  |
| Kettle |  |  |  |  |
| Slicer  |  |  |  |  |
| Food processor/blender |  |  |  |  |
| Can opener |  |  |  |  |
| Ice machine |  |  |  |  |
| Worktables, shelves, and drawers clean and in good condition  |  |  |  |  |
| Cutting boards and knives stored in a sanitary manner. Adequate supply for needs and sanitized between use |  |  |  |  |
| Sinks are clean – have dedicated use for meats and produce |  |  |  |  |
| Drains are clean free of debris and mold |  |  |  |  |
| Utensils and cookware clean, stored to prevent contamination |  |  |  |  |
| Pans are free of grease, baked-on food, and old labels |  |  |  |  |
| Pans are not stacked wet |  |  |  |  |
| All personal beverages covered, placed away production/service area |  |  |  |  |
| Floors clean, in good condition, appropriate material |  |  |  |  |
| Walls and ceilings, clean and in good condition |  |  |  |  |
| Trash cans are lined with plastic, covered when not in use |  |  |  |  |
| Fans shielded; blades clean and directed away from uncovered food |  |  |  |  |
| Fly traps operational and clean  |  |  |  |  |
| Floor drains are clean, free of mold |  |  |  |  |
| Floor swept only when food is covered |  |  |  |  |

## FOOD HANDLING PRACTICES

| **FACTOR** | **YES** | **NO** | **N/A** | **COMMENT** |
| --- | --- | --- | --- | --- |
| Food handlers wash hands correctly and as needed |  |  |  |  |
| Food handlers use gloves correctly and when appropriate |  |  |  |  |
| Clean aprons/clothing and fingernails, only appropriate jewelry |  |  |  |  |
| Hair restraints worn properly, including facial hair |  |  |  |  |
| No eating, chewing gum, or cell phone or tobacco use in food prep areas |  |  |  |  |
| Frozen food is thawed properly |  |  |  |  |
| Perishable foods spend minimal time in the temperature danger zone (41°-135° F) during monitoring period |  |  |  |  |
| Employees keep cooler and freezer doors open minimal time |  |  |  |  |
| Fresh produce washed in designated sink before use  |  |  |  |  |
| Efficient, sanitary workflow is used |  |  |  |  |
| Foods are wrapped for transport correctly |  |  |  |  |
| Temperatures documented on hot food is panned |  |  |  |  |
| Temperatures documented on cold food prior to transport |  |  |  |  |
| Food thermometers cleaned and sanitized between uses |  |  |  |  |
| Floor swept only when food is covered |  |  |  |  |
| Trash containers are lined, covered when not in use |  |  |  |  |

## HANDWASHING SINKS AND TOILETS

| **FACTOR** | **YES** | **NO** | **N/A** | **COMMENT** |
| --- | --- | --- | --- | --- |
| Handwashing signs posted at each sink and bathroom |  |  |  |  |
| Facilities clean with working fixtures |  |  |  |  |
| Soap dispensers provided with adequate supply |  |  |  |  |
| Paper towels or drying device present supplied and working |  |  |  |  |
| Warm water at sinks for handwashing |  |  |  |  |
| Covered trash receptacle present |  |  |  |  |
| Toilet tissue in appropriate holder |  |  |  |  |
| Area is clean and well maintained |  |  |  |  |

## DISHWASHING AREA

| **FACTOR** | **YES** | **NO** | **N/A** | **COMMENT** |
| --- | --- | --- | --- | --- |
| Sanitizing procedures posted and followed |  |  |  |  |
| All dirty equipment washed, rinsed, sanitized, and air dried |  |  |  |  |
| Adequate space for equipment to air dry |  |  |  |  |
| Clean equipment is separated from dirty equipment |  |  |  |  |
| Appropriate use and maintenance of cloths and scrub pads |  |  |  |  |
| Clean storage area free of potential contaminants |  |  |  |  |
| Floor drains are clean and free of mold |  |  |  |  |
| Grease trap in maintained |  |  |  |  |

## MANUAL POT WASHING

| **FACTOR** | **YES** | **NO** | **N/A** | **COMMENT** |
| --- | --- | --- | --- | --- |
| Wash water hot, sudsy, clean, and at an appropriate volume  |  |  |  |  |
| Rinse water hot, clean, and at an appropriate volume |  |  |  |  |
| Sanitizing water clean and at an appropriate volume; chemical sanitizer at correct strength or hot water at correct temperature |  |  |  |  |

## DISH MACHINE

| **FACTOR** | **YES** | **NO** | **N/A** | **COMMENT** |
| --- | --- | --- | --- | --- |
| Working correctly |  |  |  |  |
| Temperature log maintained  |  |  |  |  |
| Sanitizer log maintained |  |  |  |  |
| Used for all food delivery pans |  |  |  |  |
| Personnel demonstrate appropriate knowledge of equipment sanitation procedures |  |  |  |  |

## CHEMICAL STORAGE AREA

| **FACTOR** | **YES** | **NO** | **N/A** | **COMMENT** |
| --- | --- | --- | --- | --- |
| Chemical storage area can be secured |  |  |  |  |
| Chemicals are labeled and in original container (or approved alternative)  |  |  |  |  |
| All chemicals are stored separately from food and supplies |  |  |  |  |
| Products stored at least 6” off the floor |  |  |  |  |
| SDS sheets posted  |  |  |  |  |
| Staff are aware of and know how to use SDS sheets (ask) |  |  |  |  |
| Brooms and mops are stored off the floor |  |  |  |  |

## TRANSPORTATION EQUIPMENT

| **FACTOR** | **YES** | **NO** | **N/A** | **COMMENT** |
| --- | --- | --- | --- | --- |
| Hot and cold thermal transport equipment is in good condition, cleaned and sanitized daily |  |  |  |  |
| Thermal transport stored with doors ajar; boxes are clean and free of mildew and odors  |  |  |  |  |
| Ice chests in good condition, cleaned and sanitized daily; drains are clean and free of mold |  |  |  |  |
| Gaskets on all thermal equipment is clean and in good condition |  |  |  |  |
| Latched on thermal equipment are in good condition |  |  |  |  |
| Lids and insulated dividers maintained, appropriately used |  |  |  |  |
| Thermal blankets are clean and in good condition |  |  |  |  |
| Food delivery trucks clean and in good condition; sufficient number operational for the number of routes  |  |  |  |  |

## FACILITY

| **FACTOR** | **YES** | **NO** | **N/A** | **COMMENT** |
| --- | --- | --- | --- | --- |
| Outside trash containers covered; area is clean |  |  |  |  |
| Outside areas free of debris, not overgrown with weeds  |  |  |  |  |
| No leaking pipes or roof leaks |  |  |  |  |
| Brooms and mops are stored off the floor |  |  |  |  |
| All light shields working properly |  |  |  |  |
| All electrical outlets covered and free of any exposed wires |  |  |  |  |
| Coats and other items of clothing appropriately stored |  |  |  |  |
| No evidence of mice, rats, insects, birds, etc. |  |  |  |  |
| Facility serviced by exterminator |  |  |  |  |

## MANAGEMENT

| **FACTOR** | **YES** | **NO** | **N/A** | **COMMENT** |
| --- | --- | --- | --- | --- |
| Food permit or license and last health inspection is posted |  |  |  |  |
| Date of last health Inspection report and score |  |  |  |  |
| Food safety manager certificates are visibly posted as required by state law |  |  |  |  |
| Food service director/manager has a current food safety manager certification (e.g., ServSafe) and is trained in HACCP as required by state law |  |  |  |  |
| The designated person in charge has a current food safety manager certification (in director/manager absence) |  |  |  |  |
| Persons with infected wounds/boils, respiratory infections, or other communicable diseases are properly restricted |  |  |  |  |
| Employees have current food handler cards on file as required by state law |  |  |  |  |
| Food service director or person in charge is on site providing oversight to production activities  |  |  |  |  |
| Employees receiveongoing training in food safety and sanitation |  |  |  |  |
| Office staff answers phone promptly during open hours |  |  |  |  |
| Sufficient staff is scheduled on date monitored |  |  |  |  |
| Personnel files with training and background checks are up to date (delivery drivers included) |  |  |  |  |

## QUALITY CONTROL

| **FACTOR** | **YES** | **NO** | **N/A** | **COMMENT** |
| --- | --- | --- | --- | --- |
| Menus are dated, signed by a registered dietitian (RD), and posted  |  |  |  |  |
| Menu followed correctly |  |  |  |  |
| Standardized recipes used |  |  |  |  |
| Use of substituted food items are documented with RD approvals |  |  |  |  |
| Daily production records are completed and include variances and any problems incurred and responsible employee |  |  |  |  |
| Temperature records are stored with production records |  |  |  |  |
| Food thermometers calibration logs available |  |  |  |  |
| Invoices for purchases readily available for audit |  |  |  |  |
| Documentation of weekly/monthly inventories are available for audit |  |  |  |  |
| Delivery records for home-delivered meal clients are available for audit |  |  |  |  |
| Temperature monitoring for home-delivered meal routes are available for audit |  |  |  |  |
| Evidence of compliance with bid specifications for foods, disposables, and purchased meals (frozen, shelf-stable, etc.) |  |  |  |  |

## SHELF-STABLE MEAL AUDIT

| **FACTOR** | **YES** | **NO** | **N/A** | **COMMENT** |
| --- | --- | --- | --- | --- |
| Nutrition information available |  |  |  |  |
| Within date |  |  |  |  |
| No dented cans or bulging packages |  |  |  |  |
| Instructions for building meals available |  |  |  |  |
| Food safety information available |  |  |  |  |

## FROZEN MEAL AUDIT

| **FACTOR** | **YES** | **NO** | **N/A** | **COMMENT** |
| --- | --- | --- | --- | --- |
| Nutrition information available |  |  |  |  |
| Within date |  |  |  |  |
| No signs of refreezing or freezer burn |  |  |  |  |
| Heating and storing instructions available |  |  |  |  |
| Food safety information available |  |  |  |  |

# Production Kitchen Food Safety & Sanitation Monitoring Report

## Summary of Findings

[Describe findings in brief here]

## Best Practices

[Describe promising practices discovered]

## Technical Assistance Provided

[Describe assistance provided to the monitored entity here]

## Recommendations

[Describe suggestions for improvement or expansion here]

## Corrective Action or Required Follow-up

[Describe the next steps here]