Departmental inspection form – food services

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| Date: | Department: | Building & Room: |
| Contact Person/Supervisor:  | Ext: |
| Inspected By:  | Ext: |

**Record findings as: (√ ) Meets Requirements (X) Action Required (N/A) Not Applicable**

**Use item numbers to comment on reverse side of form for unsatisfactory items, document corrective actions.**

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| --- | --- |
| Signs & Labels |  |
| 1. First Aid, Emergency Poster
 |  |
| 1. Fire Poster
 |  |
| 1. Emergency Call List
 |  |
| 1. Spills Poster
 |  |
| 1. Phone 911 Label
 |  |
| 1. Hazard Warning Signs
 |  |
| First Aid Kit |  |
| 1. Stocked
 |  |
| 1. Accessible
 |  |
| 1. Regularly Inspected
 |  |
| 1. Names of First Aiders posted
 |  |
| Fire Extinguishers |  |
| 1. Seal Unbroken
 |  |
| 1. Accessible
 |  |
| 1. Proper Type
 |  |
| 1. Regularly Inspected
 |  |
| General |  |
| 1. Phone Access
 |  |
| 1. WHMIS
 |  |
| 1. SDS Available (current)
 |  |
| Floors and Aisles |  |
| 1. Clean
 |  |
| 1. Aisles Clear
 |  |
| 1. Good Condition
 |  |
| 1. Cabinets Secured
 |  |
| Doors and Exits |  |
| 1. Accessible
 |  |
| 1. Identified
 |  |
| Lighting |  |
| 1. Adequate
 |  |
| 1. Operating Properly
 |  |
| Overhead Fire Suppression |  |
| 1. Inspected
 |  |
| 1. Location of Manual Switch
 |  |
| Personal Protective Equipment |  |
| 1. Proper Type
 |  |
| 1. Trained
 |  |
| 1. Condition
 |  |

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|  |  |
| --- | --- |
| 1. Electrical
 |  |
| 31. Panels Accessible |  |
| 1. Wire Condition
 |  |
| 1. Proper Grounding
 |  |
| 1. Adequate Outlets
 |  |
| 1. Extension Cords (temporary use only)
 |  |
| 1. C.S.A. or equivalent certification
 |  |
| 1. Electrical Panels are Covered
 |  |
| 1. GFI’s used in wet areas
 |  |
| 1. Lockout/Tagout Procedures
 |  |
| 1. Equipment
 |  |
| Pre-use Inspection Record |  |
| 1. Clean
 |  |
| 1. Properly Guarded
 |  |
| 1. Good Condition
 |  |
| 1. Lockout /Tagout procedures
 |  |
| 1. Anchored
 |  |
| 1. Handles replaced if damaged
 |  |
| 1. Ladders in good condition and meet CSA standards
 |  |
| 1. Other Equipment
 |  |
| 1. Ventilation
 |  |
| Temperature  |  |
| 1. Dust Control
 |  |
| 1. Fume Control
 |  |
| 1. Equipment Maintained
 |  |
| 1. Guarding Adequate
 |  |
| 1. Chemical Storage
 |  |
| SDS (current) |  |
| 1. Labels
 |  |
| 1. Chemicals Segregated from Food
 |  |
| 1. Compressed Gas Cylinders
 |  |
| 57. Secured |  |
| 1. Properly Marked
 |  |
| 1. Properly Stored
 |  |
| 1. Proper Regulators
 |  |

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| --- | --- |
| Waste Containers |  |
| 1. Clean
 |  |
| 1. Adequate
 |  |
| Range Hoods |  |
| 1. Clean
 |  |
| 1. Good Condition
 |  |
| 1. Inspected
 |  |
| Loading Docks |  |
| 1. Clean
 |  |
| 1. Good Condition
 |  |
| 1. Properly Used
 |  |
| Material Handling |  |
| 1. Condition of Racks
 |  |
| 1. Unsafe Stacking
 |  |
| 1. Using Proper Equipment
 |  |
| Work Practices |  |
| 1. Knife Handling
 |  |
| 1. Communication
 |  |
| 1. Lifting/Carrying
 |  |
| Work Surface |  |
| 1. Clean
 |  |
| 1. Good Condition
 |  |
| 1. Adequate Working Area
 |  |
| 1. Place for Tools
 |  |
| Training |  |
| 1. WHMIS Training (valid for 5 years)
 |  |
| 1. Respirator Training
 |  |
| 1. Compressed Gas
 |  |
| 1. Equipment
 |  |
| 1. Ladders, Lifting Devices
 |  |
| 1. Other training (specify)
 |  |
| Other Items |  |
| 85. |  |
| 86. |  |
| 87. |  |
| 88. |  |

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| Date: | Department: | Building & Room: |
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| Inspected By:  | Ext: |

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| --- | --- | --- | --- | --- |
| Action Items and Comments | Recommended Action(s) | Priority\* | Person Responsible | Date Completed |
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 **\*High** – Response required within 24 hours - Immediately dangerous to life and health

 **Medium** – Response required within 14 days - Potential to cause injury but not immediately dangerous

 **Low** – Response required within 14 days – May result in minor or no injury, but should be corrected

 **Monitor –** Revisit within 90 days – Compliant, but circumstances may change or deteriorate