Departmental inspection form – food services

|  |  |  |  |
| --- | --- | --- | --- |
| 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.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 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 |  | | |  |  | | --- | --- | | 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 |  | | |  |  | | --- | --- | | 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. |  | |

Departmental inspection form – food services

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Action Items and Comments | Recommended Action(s) | Priority\* | Person Responsible | Date Completed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**\*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