



Food Safety Evaluation Checklist

The following self-assessment can help you find food safety gaps in your operation. It can also help you put food safety systems, such as active managerial control, into place. This self-assessment can help you address the five risk factors identified by the Centers for Disease Control and Prevention (CDC), as well as other food safety risks in your operation. It will also help you develop SOPs, policies, and useful food safety programs. Once you are finished, you can prioritize your gaps and work on creating a solution.

Directions

Check Yes after each question if your operation already performs the practice. Check No if it does not. Each “No” identifies a gap and offers a chance for revising your food safety program.

Failing to Cook Food Adequately; Holding Food at the Wrong Temperature

Topic/Principle	Evaluation
① Are time and temperature controls part of every employee’s job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
② Are time and temperature controls incorporated in your SOPs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
③ Are calibrated thermometers available to all foodhandlers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
④ Do you calibrate thermometers regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑤ Do all employees know how to use thermometers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑥ Do you minimize the amount of time food spends in the temperature danger zone (41°F to 135°F [5°C to 57°C])?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑦ Do you document product temperatures in a temperature log or line check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑧ Do you reject food that has not been received at the right temperature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑨ Do you store TCS food at its required storage temperature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑩ Do you thaw food correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑪ Do you cook TCS food to the right minimum internal temperature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑫ Do you cool cooked TCS food according to the required time and temperature requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑬ Do you reheat TCS food that will be hot-held to 165°F (74°C) for fifteen seconds within two hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑭ Do you hold TCS food at the right temperature (41°F [5°C] or lower or 135°F [57°C] or higher)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Protecting Food and Equipment from Contamination

Topic/Principle	Evaluation
① Do your handwashing stations have the necessary tools and supplies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
② Is the equipment you purchase designed with food safety in mind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
③ Do your employees store cleaning towels in a sanitizer solution between uses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
④ Do your employees know how often to clean and sanitize food-contact surfaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑤ Do your employees know how to use the sanitizer in your operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑥ Do your dishwashing employees know how to use the dishwashing machine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑦ Do your dishwashing employees know how to clean and sanitize items in a three-compartment sink?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑧ Do your employees know how to clean nonfood-contact surfaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑨ Do your employees know how to store clean and sanitized utensils, tableware, and equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑩ Do you have a master cleaning schedule in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑪ Do you store food in a way that prevents contamination?	
A Do you store food in designated storage areas only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B Do you store ready-to-eat food above raw meat, poultry, and fish?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C Do you store dry food away from walls and at least six inches (15 centimeters) off the floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑫ Do you prep food in a way that prevents contamination?	
A Is the workflow of your operation designed for food safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B Do you assign specific equipment to each type of food product used in your operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C Do you clean and sanitize all work surfaces, equipment, and utensils after each task?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D When using the same prep table to prep food, do you prep raw and ready-to-eat food at different times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E Do you use ingredients that need minimal preparation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑬ Do you hold food in a way that prevents contamination?	
A Do you shield or cover food to protect it from contamination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B Do you throw out food being held for service after a predetermined amount of time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑭ Do you serve food in a way that prevents contamination?	
A Do you minimize bare-hand contact with cooked or ready-to-eat food?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B Do servers avoid handling the food-contact surfaces of glassware, dishes, and utensils?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C Do you maintain self-service areas in a way that prevents contamination?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Topic/Principle	Evaluation
⑮ Do you handle chemicals in a way that prevents contamination?	
A Do you store chemicals away from food, utensils, and equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B Are containers used to dispense chemicals labeled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C If pesticides are used in the operation, are all food and food-contact surfaces removed prior to use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑯ Do you use only food-grade utensils in your operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑰ Is your lighting installed in a way that does not contaminate food?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Using Approved Suppliers

Topic/Principle	Evaluation
① Do you purchase food from suppliers that get their products from approved sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
② Do you make sure that your suppliers are reputable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
③ Do your suppliers deliver during off-peak hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Good Personal Hygiene

Topic/Principle	Evaluation
① Are all employees aware of how they can contaminate food?	<input type="checkbox"/> Yes <input type="checkbox"/> No
② Do all employees follow the right procedure for handwashing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
③ Are all employees aware of when handwashing is required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
④ Do all employees follow hand maintenance procedures, such as keeping nails short and clean, and covering cuts and sores?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑤ Do you provide the right type of gloves in your operation for handling food?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑥ Do employees change gloves when necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑦ Do you have requirements for work attire for foodhandlers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑧ Do you require employees to maintain personal cleanliness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑨ Do you prohibit employees from smoking, eating, or drinking in food-prep and dishwashing areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑩ Do you have policies to address employee illnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑪ Do you model proper foodhandling behaviors at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Facilities and Equipment

Topic/Principle	Evaluation
① Is stationary food equipment installed the right way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
② Does your food equipment receive regular maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
③ Is your plumbing installed and maintained by a licensed plumber?	<input type="checkbox"/> Yes <input type="checkbox"/> No
④ Is lighting set at intensities that ensure food safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑤ Is garbage removed from the premises correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pest Control

Topic/Principle	Evaluation
① Do you have a contract with a licensed pest control operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
② Do you inspect deliveries for signs of pests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
③ Do you take measures for preventing pests from entering the operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
④ Do you take measures for denying pests food and shelter in the operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⑤ Can your employees identify signs of pests?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Food Safety Systems

Topic/Principle	Evaluation
① Do you have prerequisite food safety programs in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
② Does your food safety management system focus on controlling the CDC's five most common risk factors responsible for foodborne illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
③ Does your food safety management system focus on identifying, monitoring, and controlling biological, chemical, and physical hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
④ Do you know when a HACCP plan is required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Employee Training

Topic/Principle	Evaluation
① Do you have food safety training programs for both new and current employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
② Do you have assessment tools that identify food safety training needs for employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
③ Do you have a variety of food safety training resources (including books, videos, posters, and technology-based materials) to meet your employees' learning needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
④ Do you keep records documenting that employees have completed training?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Auditing (Self-Inspection)

Topic/Principle	Evaluation
① Do you perform regular self-inspections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
② Do you regularly compare your local or state food safety regulations to procedures at your operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
③ Are all infractions from regulatory inspections or self-inspections taken care of in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
④ Do you have a plan for working with health inspectors during inspections?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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