

FOOD SERVICE KITCHEN SANITATION REPORT

School or Location _____

Date _____

<u>Kitchen:</u>	<u>Yes</u>	<u>No</u>
1. Trash removed?	_____	_____
2. Equipment clean?	_____	_____
3. Food spillage?	_____	_____
4. Tables Clean?	_____	_____
5. Insect activity?	_____	_____
6. Standing Water?	_____	_____
7. Food covered?	_____	_____
8. Available?	_____	_____
9. Floors swept & mopped?	_____	_____

<u>Structural Needs:</u>	
Doors	_____
Plumbing	_____
Windows	_____
Walls	_____
Floor Drain	_____
Equipment	_____

<u>Types of Pests Present:</u>	
1. Roaches	_____
a) American	_____
b) German	_____
c) Brown Banded	_____
d) Smokey Brown	_____
e) Oriental	_____
2. Ants	_____
a) Pharoah	_____
b) Fire	_____
c) Carpenter	_____
d) Acrobat	_____
e) Pyramid	_____
3. Mice	_____
4. Rats	_____
5. Flies	_____
6. Other _____	_____

Explain Structural Needs:

<u>Kitchen Storage:</u>	<u>Yes</u>	<u>No</u>
1. Available	_____	_____
2. Food properly sealed	_____	_____
3. Food spillage	_____	_____
4. Evidence of pests	_____	_____

<u>Contributing Problems:</u>	
1. Trashrooms	_____
2. Dining Area	_____
3. Exterior	_____
4. Crawl Space	_____
5. Other _____	_____

<u>Action Taken</u>	
1. Application	_____
2. Needs Follow-up	_____
3. Needs to be brought to supervisors attention	_____
4. Monitoring Activity	_____

Comments: _____

Signature of Inspector _____

Date _____