**Safety Inspection Checklist – Restaurant**

A picture containing logo

Description automatically generated

**Building location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Inspected by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Clearly comment on the details of the corrective measures.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Yes** | **No** | **N/A or Comments** | **Corrected Date/Info** |
| **OFFICE/WORK AREA** |  |  |  |  |
| Required labor posters |  |  |  |  |
| What to do in case of emergency |  |  |  |  |
| Local clinic within Medical Provider Network (MPN) |  |  |  |  |
| Safety Manual and Safety Data Sheets – available and employees trained |  |  |  |  |
| Report of Unsafe Condition form |  |  |  |  |
| First aid kit stocked – no medications – no aspirin/Tylenol |  |  |  |  |
| **EXITS/STAIRS/PASSAGEWAYS** |  |  |  |  |
| Top step of stairs highlighted? |  |  |  |  |
| Proper exit signs visible from all areas and lights working |  |  |  |  |
| Exits not obstructed and kept unlocked or panic hardware |  |  |  |  |
| “Not An Exit” signs posted or doors clearly labeled |  |  |  |  |
| Handrails if 4 or more risers on stairs or elevated areas more than 30” high? |  |  |  |  |
| At least two exits from areas where 50+ people may be located in any one room or in basement or upper levels? |  |  |  |  |
| Is the emergency lighting system in place and working? |  |  |  |  |
| **FIRE PROTECTION** |  |  |  |  |
| Fire extinguishers mounted properly, recharged annually, inspected monthly in house, fully charged? |  |  |  |  |
| Has at least one employee from each shift been trained on the use of portable fire extinguishers? |  |  |  |  |
| Ansul type system over stove serviced w/in 6 mo? |  |  |  |  |
| **ELECTRICAL/GAS** |  |  |  |  |
| All switches and outlets covered and in good repair |  |  |  |  |
| Ground Fault Circuit Interrupters (GFCIs) in wet locations? |  |  |  |  |
| Electrical cords and wiring in good condition |  |  |  |  |
| Extension cords temporary use only; not thru doors/walls |  |  |  |  |
| Electrical panel boxes closed |  |  |  |  |
| All circuit breakers labeled, inserts over openings |  |  |  |  |
| 3 feet clearance in front of electrical panels |  |  |  |  |
| At least one employee on each shift can shut off gas and electricity to restaurant, or can call bldg engineer |  |  |  |  |
| Gas shut off tool mounted and labeled |  |  |  |  |
| **FOOD PREPARATION AREAS** |  |  |  |  |
| Hot oil and pots cooled before carrying or cleaning over |  |  |  |  |
| Floor clean and free of spillage |  |  |  |  |
| Exhaust hood functioning/clean |  |  |  |  |
| Knives sharpened and properly stored |  |  |  |  |
| Pickle bucket opener available and used |  |  |  |  |
| Equipment in good repair |  |  |  |  |
| Clear walkways (no protruding handles) |  |  |  |  |
| **OTHER/COMMENTS** |  |  |  |  |

**LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Yes** | **No** | **N/A or Comments** | **Corrected Date/Info** |
| **WORK PROCEDURES** |  |  |  |  |
| Proper lifting: no twisting or overreaching |  |  |  |  |
| Proper use of ladders |  |  |  |  |
| Safe use of knives |  |  |  |  |
| Use caution words (e.g. behind you, hot plate) |  |  |  |  |
| Carry 3 plates maximum |  |  |  |  |
| Only slip-resistant shoes worn |  |  |  |  |
| **ELECTRIC FOOD PREP EQUIPMENT** |  |  |  |  |
| Guards installed/used correctly – mixers, meat slicers, etc. |  |  |  |  |
| Slicer width adjustment set to “0” when not in use |  |  |  |  |
| Unplugged during maintenance and cleaning |  |  |  |  |
| Safe operation procedures posted |  |  |  |  |
| Cut-resistant gloves worn - clean meat slicer/use mandolin |  |  |  |  |
| **STORAGE AREAS** |  |  |  |  |
| Racks/Shelving in good repair, secured from falling |  |  |  |  |
| Heavy items on lower shelves and not overloaded |  |  |  |  |
| Stepladders provided, in good condition |  |  |  |  |
| Gas cylinders secured, cap on when not in use |  |  |  |  |
| All containers clearly labeled/dated |  |  |  |  |
| **COLD STORAGE** |  |  |  |  |
| Floors dry and clean (not slippery) |  |  |  |  |
| Adequate lighting, light bulbs protected |  |  |  |  |
| Doors fully operable and emergency release inside to allow escape even when locked? |  |  |  |  |
| Proper temperature – below 41 degrees |  |  |  |  |
| **HOUSEKEEPING** |  |  |  |  |
| Floor mats clean and properly positioned (not stacked) |  |  |  |  |
| Aisles and walkways clear |  |  |  |  |
| Floors free of grease and water and in good repair |  |  |  |  |
| Floor openings covered and guarded |  |  |  |  |
| Walls and vents clean (no grease) |  |  |  |  |
| Facilities free of rodents and insects? Licensed pest co? |  |  |  |  |
| **DISHWASHING AREA** |  |  |  |  |
| Area clean and organized; no excess water |  |  |  |  |
| Broken glass container – broom used on glass, not hands |  |  |  |  |
| Knives washed separately |  |  |  |  |
| Gloves/eye protection provided when working w/chemicals |  |  |  |  |
| Spray bottles and sanitation buckets clearly labeled |  |  |  |  |
| Eyewash station |  |  |  |  |
| **TRASH DISPOSAL AREA** |  |  |  |  |
| Trash emptied regularly/cans not heavy when loaded |  |  |  |  |
| Dumpster area and trash cans clean and good condition |  |  |  |  |
| Separate broken glass container |  |  |  |  |
| **PARKING LOT** |  |  |  |  |
| Well lit |  |  |  |  |
| Utilities marked and protected |  |  |  |  |
| Free of slip, trip, fall hazards; highlighted steps |  |  |  |  |

**Are there any facilities or equipment issues in need of repair or attention not noted above?**

**Additional Comments:**