

Food Safety Audit Document - Retail Store

Store Information

Store Name

Location / Address

Audit Date

Auditor Name

1. Personal Hygiene

Item	Compliant	Comments
Handwashing facilities available and accessible	<input type="text"/>	<input type="text"/>
Employees wear clean uniforms and hair coverings	<input type="text"/>	<input type="text"/>
Use of disposable gloves as required	<input type="text"/>	<input type="text"/>

2. Food Storage

Item	Compliant	Comments
All food stored off floor and properly labelled	<input type="text"/>	<input type="text"/>
Raw and ready-to-eat foods separated	<input type="text"/>	<input type="text"/>
Expired items promptly removed	<input type="text"/>	<input type="text"/>

3. Temperature Control

Item	Compliant	Comments
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Refrigerators/freezers maintain required temperatures	<input type="text"/>	<input type="text"/>
Hot holding units maintain safe temperatures	<input type="text"/>	<input type="text"/>

4. Premises & Equipment

Item	Compliant	Comments
Floors, walls, and ceilings clean and in good repair	<input type="text"/>	<input type="text"/>
Food contact surfaces sanitized regularly	<input type="text"/>	<input type="text"/>
Equipment maintained and in good working order	<input type="text"/>	<input type="text"/>

5. Pest Control

Item	Compliant	Comments
No evidence of pests	<input type="text"/>	<input type="text"/>
Pest control measures in place and up to date	<input type="text"/>	<input type="text"/>

Additional Comments / Observations

Auditor Signature

Date