

# Food Safety and Hygiene Inspection Report

Hotel Name:

Kitchen Location/Section:

Inspection Date:

Inspector Name:

## 1. General Cleanliness

Item	Compliant	Observation/Comments
Floors, walls and ceilings are clean and well maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Work surfaces free of dirt, grease and debris	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Proper waste disposal and bins covered	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 2. Food Handling & Storage

Item	Compliant	Observation/Comments
Raw and cooked foods stored separately	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food covered and labeled correctly	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Temperature control of perishable foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 3. Personal Hygiene

Item	Compliant	Observation/Comments
Staff wearing clean uniforms/aprons/hats	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hand washing facilities available and used	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 4. Equipment and Utensil Hygiene

Item	Compliant	Observation/Comments
Equipment and utensils clean and well maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cutting boards sanitized and stored properly	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 5. Pest Control

Item	Compliant	Observation/Comments
No evidence of pests (insects/rodents)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Pest control measures in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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**Additional Observations / Recommendations**

Inspector Signature:

Date: \_\_\_\_\_

Manager Signature:

Date: \_\_\_\_\_