

# Kitchen Sanitation Audit Report

Date:

YYYY-MM-DD

Auditor Name:

Enter name

Location:

Kitchen location

Contact Person:

Enter contact

## Audit Checklist

Area	Criteria	Status	Comments
Food Storage	Food stored off the floor	Pass / Fail	Comments
Preparation Area	Clean and sanitized surfaces	Pass / Fail	Comments
Equipment	Properly maintained and clean	Pass / Fail	Comments
Hand Washing	Sinks supplied with soap and towels	Pass / Fail	Comments
Waste Disposal	Bins labeled and regularly emptied	Pass / Fail	Comments
Pest Control	No signs of infestation	Pass / Fail	Comments

## General Observations

Enter any additional notes or observations

## Recommendations

Enter recommendations for improvement

Auditor Signature:

Signature

Date:

YYYY-MM-DD