

# 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