

# Food Storage Safety Evaluation Sheet

Hotel Name: \_\_\_\_\_

Location: \_\_\_\_\_

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

Inspector: \_\_\_\_\_

## Food Storage Area Evaluation

Item	Yes	No	Comments
Are all storage areas clean and organized?			
Foods stored off the floor and away from walls?			
Raw and cooked foods properly separated?			
Food containers clearly labeled and dated?			
Food stored at safe temperatures?			
No expired or spoiled food present?			
Pest control in place and effective?			
Proper ventilation in storage areas?			

## Corrective Actions / Notes

Inspector Signature: \_\_\_\_\_

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