

Hotel Food Preparation Area Sanitation Assessment Form

Hotel Name

Location

Assessment Date

Assessment Items

| Assessment Item | Compliant | Non-Compliant | Remarks |
|---------------------------------|--------------------------|--------------------------|----------------------|
| Floors and Surfaces Cleanliness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Waste Disposal Practices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Equipment & Utensil Hygiene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Handwashing Facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Staff Personal Hygiene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Food Storage Conditions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Pest Control Measures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

General Remarks

Assessor's Name & Signature

Manager's Name & Signature