

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			<input type="text"/>

Assessor's Name & Signature

Manager's Name & Signature