

Hotel Kitchen Equipment Cleanliness Inspection Form

Date of Inspection: _____ Kitchen/Area: _____

Inspected By:

Shift/Time:

Supervisor:

Equipment / Area	Clean (âœ”)	Not Clean (âœ”)	Remarks
Work Table			
Refrigerator/Freezer			
Oven			
Microwave			
Sink			
Dishwasher			
Cutting Boards			
Utensils			
Cooking Pots & Pans			
Storage Racks/Shelves			
Waste Bin			
Floor			
Walls & Ceiling			
Others:			

General Remarks / Corrective Actions:

Inspector's Signature:

Date: _____

Supervisor's Signature:

Date: _____