

Hotel Kitchen Food Safety Inspection Checklist

Inspector Name

Date

Location / Kitchen

General Hygiene

Item	Yes	No	N/A	Comments
Hand washing facilities are available and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Staff use proper hand washing technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Protective clothing/hair restraints worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Food Storage

Item	Yes	No	N/A	Comments
Foods stored at appropriate temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Raw and cooked foods stored separately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Food containers are clean and labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Cleaning & Sanitation

Item	Yes	No	N/A	Comments
Work surfaces properly cleaned and sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Utensils and equipment are clean and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Waste properly disposed of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Pest Control

Item	Yes	No	N/A	Comments
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No evidence of pest infestation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Windows/doors have screens, self-closing, and are in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Notes / Corrective Actions