

## Kitchen Staff Personal Hygiene Compliance Checklist

Date:

Staff Name:

Position:

### Checklist

Personal Hygiene Standard	Compliant	Non-Compliant	Remarks
Hands washed properly and frequently	<input type="checkbox"/>	<input type="checkbox"/>	
Fingernails clean, short and no nail polish	<input type="checkbox"/>	<input type="checkbox"/>	
Hair restrained (hairnets/caps used)	<input type="checkbox"/>	<input type="checkbox"/>	
Uniform/Apron clean and worn properly	<input type="checkbox"/>	<input type="checkbox"/>	
No jewelry (except plain band ring)	<input type="checkbox"/>	<input type="checkbox"/>	
No eating, drinking, or smoking in kitchen	<input type="checkbox"/>	<input type="checkbox"/>	
No open wounds or bandages uncovered	<input type="checkbox"/>	<input type="checkbox"/>	
Disposable gloves worn when required & changed appropriately	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Notes / Corrective Actions:

Checked by:

Signature: