2-6 Monitoring and Recordkeeping

Monitoring tracks how well your workers are implementing your HACCP plan. It also helps you to determine if the standards outlined in sections 2-4: Hygiene, Sanitation, and Facilities Standards (Prerequisite Programs) and 2-5: Safe Food Handling Practices are met.

MONITORING FORMS	STORAGE LOCATION	HOW LONG TO KEEP
Daily Production Record		Current plus three years
Daily – Operation Inspection		Current plus three years
Daily – Refrigerator Inspection		Current plus three years
Daily – Freezer Inspection		Current plus three years
Daily – Hot-holding Unit Inspection		Current plus three years
Daily -- Time as a Public Health Control		Current plus three years
Daily – Store Room		Current plus three years
Daily – Temperature Calibration Log		Current plus three years
Daily – Sample Tray		Current plus three years
Complex Foods Cooling Log		Current plus three years
Monthly -- Series of four inspection sheets[2]		Current plus three years
Monthly – Pest Control and Fire Safety Inspection		Current plus three years
Annual -- Operation Assessment		Current plus three years

[1] The monthly inspections include a series of four forms. One form is to be completed each week. The School Nutrition Director and/or the Food Safety Team Leader should decide when to complete these forms.

Some standards do not have a scheduled monitoring frequency and so are monitored "As needed." Even so, it is still necessary to check whether or not the standard is being met. Nearly all of the standards that are monitored "As needed" are recorded on other forms that you are currently using in your operation. Below is a list of other forms on which standards to be monitored on an "As needed" basis would be recorded. This table also must be completed. **NOTE:** To save time, the table can be reviewed, rather than redone, on an annual basis. If this is done then record your name and the date the table was reviewed.

Reviewer:	**Date of Review:**		
MONITORING FORMS	**RESPONSIBLE PERSON(S)[1]**	**STORAGE LOCATION**	**HOW LONG TO KEEP**
Reports from the health department that employee diagnosed with foodborne illness[2]			Current plus three years
Food Safety Checklist for New Workers			Until no longer employed
Foodborne Illness Complaint Log			Current plus three years
Pest Problem Reporting Log			Current plus three years
Pest Control Reports from PMP[3]			Current plus three years
Purchasing and Receiving Delivery Invoices[4]			Current plus three years
Environmental Health Inspection Reports		With Operation Assessment	Current plus three years
Training			Ten years

[1] The name or the position that is responsible for monitoring must be noted.

[2] Information that is shared by the health department about individual employees health must not be shared with any workers as this would be a violation of one's right for privacy. Site managers are only allowed to share this information with their immediate supervisor, such as the Area Supervisor or School Nutrition Director.

[3] In some schools, the principal will keep these records, if so simply note responsible person as Principal and cite the location as the Main Office.

[4] In some schools, invoices are not left so there is no record at the school; the record is stored in the Central Office. If this is the case, simply note this on the table above.

DAILY – Operation Inspection -- Instructions for Completion

Page 1

Except for those tasks labeled "Afternoon", complete all other monitoring tasks in the morning before food preparation begins.

Date – There are 31 lines on the form but the operation inspection only needs to be completed on days when the operation is open. Note the date using a numeric code. For example, May 31, 2016 should be recorded as 5/31/16. If the school is closed during the week due to a holiday or because of weather, note the date and draw a line through the remaining cells. Note above the line – holiday or weather – to reflect why monitoring was not completed that day.

Observer Initials – The person who monitors must record their initials. Typically one worker/position will be assigned this task, however, if another worker/position completes the monitoring that day then that individual should record their initials.

MORNING INSPECTION

Dishmachine Sanitizing

> **^{o}F/ppm** – if the dishmachine is a high-temperature dishmachine, the final rinse temperature must be recorded. If the dishmachine is a low-temperature dishmachine, follow the manufacturers instructions for the dishmachine to measure the sanitizing concentration. If the concentration is correct, write an "Y" in this cell. If it is not correct, write an "N" and note the corrective action.
>
> **Pressure** – Check the manufacturer's instructions to determine the proper pressure. Record the actual pressure that appears on the dishmachine gauge in this cell.

Dish Sink Set-up

> **Chemical sanitizer** – the dish sink should be set-up each morning. If a chemical sanitizer is used, the concentration must be checked using the appropriate test strips. If the concentration is not correct, add more sanitizer to the sink then record a "Y" in this cell when the sanitizing solution is at the proper temperature. Adding sanitizer to the water does not needed to be noted as a corrective action as dishes should never be sanitized in a solution that is not at the proper concentration. If the three-compartment sink is refilled more than once during the day, the sanitizer concentration needs to be checked but not recorded.
>
> **Hot water sanitizer** -- If a booster heater used to sanitize in hot water (171^{o}F or hotter), it is best to download the Daily – Operation Inspection form and change (ppm), which is under **Dish Sink Set-up** to (^{o}F). The actual temperature of the hot water must then be recorded here.

Wipe/Spray Sanitizer (ppm) -- The concentration must be checked using the appropriate test strips. If the concentration is not correct, make fresh sanitizer then record a "Y" in this cell. Making fresh sanitizer does not needed to be noted as a corrective action as sanitizing solution that is not at the proper concentration should never be used. If the spray bottle is remade during the day, the sanitizer concentration needs to be checked but not recorded.

Mop bucket set-up – A mop bucket should be set-up each morning before food preparation begins.

AFTERNOON INSPECTION

Clean-up – these items serve as a reminder of general sanitation practices that need to be completed in the afternoon before leaving the facility.

Trash – at the end of the day, all trash must be removed from the facility, write a "Y" in this cell when this is completed.
Floors – at the end of the day, all floors must be cleaned, write a "Y" in this cell when this is completed.
Surfaces – at the end of the day, all non-food-contact surfaces must be cleaned and all food-contact surfaces, cleaned and sanitized, if used during the day. Write a "Y" in this cell when this is completed.
NOTE: Record an "N" if clean-up did not take place.

Corrective Actions – Note any corrective actions that were taken. Below is a list of the appropriate corrective actions that should be taken when the standard is out of compliance.

Cleaning and Sanitizing – Three-compartment sink	1. Retrain any foodservice worker who is not following the procedures cleaning and sanitizing in a three-compartment sink. 2. Re-wash, rinse, and sanitize dirty food-contact surfaces. Re-sanitize food contact surfaces if the surfaces were not properly sanitized. Throw out food that comes in contact with food contact surfaces that have not been sanitized properly. 3. If the three-compartment sink is not properly set-up: • Drain and refill all compartments. • Adjust the water temperature by adding hot water until the desired temperature is reached. • Add more sanitizer or water, as appropriate, until the proper sanitizer concentration is achieved.
Cleaning and Sanitizing – Chemical Dishmachine	1. Retrain any foodservice worker who is not following the procedures for this prerequisite program. 2. If the dishmachine is not working properly: • Drain and refill the machine to keep the water clean. • Contact the appropriate individuals to have the machine repaired if the machine is not reaching the proper wash temperature indicated on the data plate. 3. For a chemical sanitizing machine, check the level of sanitizer remaining in bulk container. Fill, if needed. Prime the machine according to the manufacturer instructions to ensure that the sanitizer is being pumped through the machine. Retest. If the proper sanitizer concentration level is not achieved, stop using the machine and contact the appropriate individuals to have it repaired. Use a three-compartment sink to wash, rinse, and sanitize until the machine is repaired.

Cleaning and Sanitizing – High-Temperature dishmachine	1. Retrain any foodservice worker who is not following the procedures for this prerequisite program. 2. For a hot water sanitizing dishmachine, retest by running the machine again. If the appropriate surface temperature is still not achieved on the second run, contact the appropriate individuals to have the machine repaired. Wash, rinse, and sanitize in the three-compartment sink until the machine is repaired or use disposable single-service/single-use items if a three-compartment sink is not available.
Cleaning and Sanitizing – In-place Equipment	1. Retrain any foodservice worker who is not following the procedures for this prerequisite program. 2. Wash, rinse, and sanitize dirty food contact surfaces. Sanitize food contact surfaces if the surfaces were not properly sanitized. Throw out food that comes in contact with food contact surfaces that have not been sanitized properly.

Page 2

Hand Sink #1-3 -- South Carolina law requires that warm water, soap, and towels be available at all hand sinks located in the kitchen area.

Water (^{o}F) – water at all hand sinks must be warm (100^{o}F) or hotter. Once or twice use a metal-stem thermometer to measure the temperature of the water so that you know what warm water feels like. After that, you can simply feel if the water is warm rather than measuring an actual temperature. If warm water is available write "Y", if no, write "N."

Soap -- all hand sinks must have soap. Check the soap dispensers at all hand sinks. If soap is available, write "Y", if no, "write "N."

Towels – all hand sinks must have single-use paper towels or a working air dryer. Check the availability of single-use towels or a working hand dryer. If available, write "Y", if no, write "N."

DAILY – Operation Inspection (Page 1)

Month/Year _____

Date	Observer Initials	Morning Inspection					Afternoon Inspection				Corrective Actions
		Dishmachine Sanitizing		Dish Sink Set-up	Wipe/ Spray Sanitizer	Mop Bucket Set-up	Clean-up				
		ºF/ppm 180ºF/50 ppm	Pressure 15-25 psi	(ppm) 200–400 ppm	200-400 (ppm)		Trash	Floors	Wiping cloths	Surfaces	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
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DAILY -- Operation Inspection (Page 2) **Month/Year** _____

Date	Observer Initials	Handsink #1			Handsink #2			Handsink #3			Corrective Actions
		W	S	T	W	S	T	W	S	T	
1											
2											
3											
4											
5											
6											
7											
8											
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DAILY – Refrigerator Inspection -- Instructions to Complete

The DAILY—Refrigerator Inspection form must be completed for each refrigerated equipment. Refrigerated equipment includes walk-in refrigerators, reach-in refrigerators, salad bar units, milk boxes, refrigerated pass-through units, and air curtain merchandisers.

There are 31 lines on the form because the DAILY – Refrigerator Inspection must be completed seven days per week. If food is stored in the refrigerator when school is closed for extended periods of time – summer and breaks -- the temperature still needs to be monitored. It is recommended that this form be completed in the morning before food preparation begins. Also, more than one refrigerator might be in the operation, therefore, multiple copies of the form might need to be copied and the "name" of the piece of refrigerated equipment noted on the top of the form.

Date – Note the date using a numeric code. For example, May 31, 2016, should be recorded as 5/31/16. If temperatures are not checked on weekends and holidays, then the date needs to be noted and a line drawn through the remaining cells. It is very important that all information is accurately recorded.

Observer – The person who checks the refrigerator must record their initials.

Temperature (^{o}F) – The temperature of the refrigerator must be at 39^{o}F or colder. Each morning before food preparation begins, check the temperature and note the actual temperature noted in the cell. Each day before you leave, the temperature needs to be checked and the actual temperature noted in the cell.

Cross-contamination – The inside of each refrigerator must be inspected to be sure that all ready-to-eat/ cooked foods are stored above or completed segregated from raw foods so that there is no opportunity for cross-contamination. Foods can be segregated by putting them into deep containers in which the raw juices will not spill out during removal. Improperly stored raw foods could contaminate ready-to-eat/cooked foods. If there are no signs of refrigerated storage practices that could lead to cross-contamination, write a "N." If there are signs of unsafe practices, correct the situation immediately and write an "Y" and note the corrective action that was taken.

Past-dated Foods – Any foods that are past the commercial date or the date marked on the container must be discarded. Record "none" if no foods discarded. Record the name of the food and the amount that was discarded if past-dated.

Corrective Actions Taken – Note any corrective actions taken. Below are examples of corrective actions that should be taken when the standard is out of compliance.

Refrigerated Storage	1. Contact maintenance. 2. Retrain any foodservice worker who is not following the refrigerated storage standards. 3. Throw out food that has been at a temperature of greater than 41^{o}F for more than four hours. 4. If the food has not been at 41^{o}F for more than four hours, cook it immediately and properly cool or freeze. 5. If the refrigerator is not at 39^{o}F or colder, adjust the thermostat immediately. 6. Throw out cooked or ready-to-eat foods that have been stored below raw meat, fish, or poultry.

DAILY – Refrigerator Inspection

REFRIGERATED EQUIPMENT: _____ **Month/Year** _____

Date	Observer a.m.	p.m.	Temperature (≤39°F) a.m.	p.m.	Cross-contamination	Past-dated Foods	Corrective Actions Taken
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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DAILY – Freezer Inspection -- Instructions to Complete

There are 31 lines on the form because the DAILY – Freezer Inspection must be completed seven days per week. If food is stored in the freezer when school is closed for extended periods of time – summer and breaks -- the temperature still needs to be monitored. It is recommended that this form be completed in the morning before food preparation begins. Also, more than one freezer might be in the operation, therefore, multiple copies of the form might need to be copied and the "name" of the freezer noted on the top of the form.

Date – Note the date using a numeric code. For example May 31, 2007, should be recorded as 5/31/07. If temperatures are not monitored on weekends and holidays, then the date needs to be noted and a line drawn through the remaining cells.

Observer – The person who checks the temperature of the freezer must record their initials. Typically one worker will be assigned this task, however, if another worker checks the temperature that day then that worker should record their initials.

Temperature (^{o}F) – The temperature of the freezer must be at 0^{o}F or colder. Each morning before food preparation begins, the temperature needs to be checked and the actual temperature noted in the cell. Each day before you leave, the temperature needs to be checked and again the actual temperature noted in the cell.

Sample Trays – Sample trays of food must be collected each day and kept frozen for seven days. The sample must be taken from the first batch before it is placed in the hot box or on the serving line. Sample trays should be made for all foods prepped in house. A sample tray should be collected for breakfast and for lunch. After seven days, the sample tray must be discarded. Note "Y" if the sample trays that are seven days or older were thrown out.

Past-dated Foods – Any foods that are past the commercial date or the date marked on the container must be discarded. Record "none" if no foods discarded. Record the name of the food and the amount discarded if past-dated.

Corrective Actions Taken – note any corrective actions taken. Here are a list of corrective actions that can be taken.

Frozen Storage	1. Contact maintenance to have the unit checked. 2. Retrain any foodservice worker who is not following the frozen storage standards. 3. Throw out food that has been at a temperature of greater than 41^{o}F for more than four hours. 4. If the food has not been at 41^{o}F for more than four hours, cook it immediately and properly cool or freeze in a properly working cold-holding unit. 5. If the freezer is not at 0^{o}F or colder, adjust immediately.

DAILY – Freezer Inspection

FREEZER: _____ **Month/Year** _____

Date	Observer a.m.	Observer p.m.	Temperature (≤0°F) a.m.	Temperature (≤0°F) p.m.	Sample Trays	Past-dated Foods	Corrective Actions Taken
1							
2							
3							
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8							
9							
10							
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DAILY – Hot-Holding Unit Inspection -- Instructions to Complete

There are 31 lines on the form. However, the DAILY – Hot-Holding Unit Inspection only needs to be completed on days that the school foodservice operation is open. **NOTE:** Hot-holding units are those pieces of equipment designed and used to keep properly cooked foods at 135°F or hotter. Proofing cabinets are not hot-holding units as they are used to proof bread at 120°F or warmer. Therefore, the DAILY – Hot-Holding Unit Inspection form does not need to be completed for proofing cabinets.

This form must be completed before any food is placed in the unit. No food can be placed in a hot-holding unit until it has been cooked to the temperature that is on the standardized recipe. If the unit is not used on a given day, record the date and write in the remaining cells "Did not use the hot-holding cabinet."

Date – Note the date using a numeric code. For example, May 31, 2016, should be recorded as 5/31/16. If the school is closed during the week due to a holiday or because of weather, note the date and write in the remaining cells -- holiday or weather – to reflect why monitoring was not completed that day.

Observer – The person who monitors must note their initials. Typically one worker will be assigned this task, however, if another worker completes the monitoring for the day, that worker should record their initials.

Temperature – Unless the manufacturer recommends a different setting, the air temperature inside all hot-holding units must be at 150°F or hotter before any food is placed inside. **NOTE:** Some units might operate at higher or lower temperatures so always read the manufacturer instructions before use.

Corrective Actions Taken – Note any corrective actions taken. Below are examples of corrective actions that can be taken

Hot-Holding Units	1. Adjust the temperature. If the temperature does not rise, then call maintenance. 2. For hot foods that are not at proper temperatures: a. Reheat food to 165°F for fifteen seconds if the temperature is below 135°F and the last temperature measuring was 135°F or higher and taken with the last two hours. Repair or reset holding equipment before returning the food to the unit, if applicable. b. Discard the food it cannot be determined how long the food temperature was below 135°F.

DAILY – Hot-Holding Unit Inspection

Hot-holding Unit: _____ **Month/Year** _____

Date	Observer	Temperature (150°F)	Corrective Actions Taken
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6			
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DAILY – Dry Storeroom -- Instructions to Complete

There are 31 lines on the form, however, storeroom temperature only needs to be monitored five days per week. If food is stored in the storeroom when school is closed for extended periods of time – summer and breaks -- the temperature still needs to be monitored. It is recommended that this form be completed in the morning before food preparation begins.

Date – Note the date using a numeric code. For example May 31, 2007, should be recorded as 5/31/07. If temperatures are not monitored on weekends and holidays, then the date needs to be noted and a line drawn through the remaining cells.

Observer – The person who checks the temperature of the freezer must record their initials. Typically one worker will be assigned this task, however, if another worker checks the temperature that day then that worker should record their initials.

Temperature (^{o}F) – The temperature of the storeroom is recommended to be between 50^{o}F and 70^{o}F. **NOTE:** This is an ideal temperature range and not always possible. The temperature needs to be checked at approximately the same time each day. The actual temperature must recorded. It is recommended that the temperature in dry storage be checked in the morning when most other temperature checks are being performed.

Corrective Actions Taken – note any corrective actions taken. Below are examples of corrective actions that can be taken.

Dry Storage	1. Retrain any foodservice worker who is <u>not</u> following the dry storage standards. 2. If the temperature is not between 50^{o}F and 70^{o}F, call maintenance and note on Daily – Dry Storeroom. 3. If maintenance cannot correct temperature, use inventory within 7-10 days.

DAILY – Dry Storeroom

Month/Year _____

Date	Observer	Temperature (50-70°F)	Corrective Actions Taken
1			
2			
3			
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DAILY – Food Thermometer Calibration Log

The accuracy of all food thermometers must be checked each morning and the results recorded on the Thermometer Calibration Log. **NOTE:** To make this easy, store all thermometers together, such as in a pencil box, large cup, or cheese shaker.

Date – Note the date using a numeric code. For example May 31, 2016, should be recorded as 5/31/16. If temperatures are not monitored on weekends and holidays, then the date needs to be noted and a line drawn through the remaining cells.

Observer – Typically one worker will be assigned the task of checking the accuracy of the thermometers, however, if another worker checks the temperature that day then that worker should record their initials. It is best to have one individual assigned to perform this task rather than having multiple workers do so on a given day.

Number of Thermometers – Record the number of digital thermometers and the number of metal-stem thermometers being checked. It is not necessary to number the thermometers and maintain a running log of a particular thermometer's temperature.

Temperature (32°F) – The temperature of each food thermometer must be at 32°F when using the ice water method for checking the accuracy of food thermometers. Record the number of digital thermometers and the number of metal-stem thermometers that were accurate. If any thermometers were not accurate then note the number and how the problem was corrected in the corrective action taken column.

Corrective Actions Taken – note any corrective actions taken. Here are examples of corrective actions that can be taken.

Thermometers	1. For an inaccurate, bimetallic-dial-faced thermometer adjust the temperature by turning the dial while securing the calibration nut (located just under or below the dial) with pliers or a wrench. 2. For an inaccurate, digital thermometer with a reset button, adjust the thermometer according to manufacturer's instructions. If it cannot be adjusted, then purchase a new thermometer. 3. If an inaccurate thermometer cannot be adjusted on-site, do not use it. Follow the manufacturers instructions for calibrating the thermometer. If it cannot be calibrated, it must be thrown out.

DAILY – Food Thermometer Calibration Log **Month/Year** _____

Date	Observer	Number of Thermometers	Temperature (32°F)	Corrective Actions Taken
1		Digital: Metal-stem:	Digital: Metal-stem:	
2		Digital: Metal-stem:	Digital: Metal-stem:	
3		Digital: Metal-stem:	Digital: Metal-stem:	
4		Digital: Metal-stem:	Digital: Metal-stem:	
5		Digital: Metal-stem:	Digital: Metal-stem:	
6		Digital: Metal-stem:	Digital: Metal-stem:	
7		Digital: Metal-stem:	Digital: Metal-stem:	
8		Digital: Metal-stem:	Digital: Metal-stem:	
9		Digital: Metal-stem:	Digital: Metal-stem:	
10		Digital: Metal-stem:	Digital: Metal-stem:	
11		Digital: Metal-stem:	Digital: Metal-stem:	
12		Digital: Metal-stem:	Digital: Metal-stem:	
13		Digital: Metal-stem:	Digital: Metal-stem:	
14		Digital: Metal-stem:	Digital: Metal-stem:	
15		Digital: Metal-stem:	Digital: Metal-stem:	
16		Digital: Metal-stem:	Digital: Metal-stem:	
17		Digital: Metal-stem:	Digital: Metal-stem:	
18		Digital: Metal-stem:	Digital: Metal-stem:	
19		Digital: Metal-stem:	Digital: Metal-stem:	
20		Digital: Metal-stem:	Digital: Metal-stem:	
21		Digital: Metal-stem:	Digital: Metal-stem:	
22		Digital: Metal-stem:	Digital: Metal-stem:	
23		Digital: Metal-stem:	Digital: Metal-stem:	
24		Digital: Metal-stem:	Digital: Metal-stem:	
25		Digital: Metal-stem:	Digital: Metal-stem:	
26		Digital: Metal-stem:	Digital: Metal-stem:	
27		Digital: Metal-stem:	Digital: Metal-stem:	
28		Digital: Metal-stem:	Digital: Metal-stem:	
29		Digital: Metal-stem:	Digital: Metal-stem:	
30		Digital: Metal-stem:	Digital: Metal-stem:	
31		Digital: Metal-stem:	Digital: Metal-stem:	

Complex Foods Cooling Log

The Complex Foods Cooling Log only needs to be completed for menu items that are normally prepared in advance for next day service. These potentially hazardous foods pass through the temperature danger zone (41°F to 135°F) more than one time. Leftovers of any menu item that is typically prepared using same day service are <u>not</u> classified as complex foods. Therefore, this form does <u>not</u> need to be completed for leftover foods.

Examples of complex foods include:

- Egg salad sandwich (prepared fresh from raw eggs)
- Ground beef crumbles that are cooked, cooled, frozen and then used in other recipes
- Macaroni salad (prepared fresh with dry noodles in the operation)
- Pork roast
- Turkey roast

Complex foods must be cooled from 135°F to 41°F with 4 hours or from 135°F to 70°F within 2 hours. The best methods to cool food are:

- Put in shallow pans where the food depth is no more than two inches.
- Cut large pieces of meat into individual servings.
- Stack pieces of food, such as hamburgers, so the height of the stack is no more than two inches high.
- Cool liquid or semi-liquid foods in an ice water bath.
- Add ice directly to liquid foods but remember the amount of water used to make the item must be adjusted.
- Use a blast chiller.

Date – Note the date using a numeric code. For example May 31, 2016, should be recorded as 5/31/16.

Complex Food – Note the menu item name as it appears in your Menu Summary. This form does <u>not</u> need to be completed for leftover foods.

Time and Temperature Reading

Observer – Record the initials of the individual who is monitoring and recording the observation.

Time – Note the time that the reading was taken.

Temperature (°F) – Note the temperature.

Corrective Actions Taken – note any corrective actions taken.

Complex Foods Cooling Log

Date	Complex Food	Time and Temperature Reading			Corrective Actions Taken
		Observer	Time	Temperature (°F)	
		1			
		2			
		3			
		4			
		5			
		6			
		Observer	Time	Temperature (°F)	Corrective Actions Taken
		1			
		2			
		3			
		4			
		5			
		6			
		Observer	Time	Temperature (°F)	Corrective Actions Taken
		1			
		2			
		3			
		4			
		5			
		6			
		Observer	Time	Temperature (°F)	Corrective Actions Taken
		1			
		2			
		3			
		4			
		5			
		6			

MONTHLY FOOD SAFETY INSPECTION -- WEEK ONE

Signature of Responsible Person: _____

Date Inspection Completed: _____

Directions: Complete this checklist as part of your monthly food safety inspection cycle. If you answer "no" to any of the items, you must take corrective action. Record the corrective actions taken in the space at the bottom of this form. NOTE: This is one of a series of four forms. It is recommended that one form be completed each week.

DRY STORAGE

Yes	No	N/A	
___	___	___	All food is stored properly.
___	___	___	Packaged food is properly labeled with date received (month/day/year).
___	___	___	The first in, first out (FIFO) procedure is used for all dry food storage.
___	___	___	All food is stored on clean shelving that is at least 6 inches off the floor.
___	___	___	Food stored in durable, food-grade containers and not in direct sunlight.
___	___	___	Cleaning supplies/other chemicals separated from all food, dishes, utensils, wiping cloths/towels, and single-use items.
___	___	___	Non-food supplies and chemicals are in their original containers. If not in the original container, it is clearly labeled on the side.

CORRECTIVE ACTIONS TAKEN:

Date	Action Taken

MONTHLY FOOD SAFETY INSPECTION -- WEEK TWO

Signature of Responsible Person: _____

Date Inspection Completed: _____

Directions: Complete this checklist as part of your monthly food safety inspection cycle. If you answer "no" to any of the items, you must take corrective action. Record the corrective actions taken in the space provided at the bottom of this form. **NOTE:** This is one of a series of four forms. It is recommended that one form be completed each week.

REFRIGERATED STORAGE

Yes	No	N/A	
___	___	___	Food is stored to allow for good air circulation; shelves not lined.
___	___	___	All food properly covered and labeled with the amount and date (CLAD).

FROZEN STORAGE

Yes	No	N/A	
___	___	___	Hot food is properly stored in the freezer.
___	___	___	All foods properly covered and labeled with the amount and date (CLAD).
___	___	___	Freezers are defrosted according to manufacturer instructions.

CORRECTIVE ACTIONS TAKEN:

Date	Action Taken

MONTHLY FOOD SAFETY INSPECTION -- WEEK THREE

Signature of Responsible Person: _____

Date Inspection Completed: _____

Directions: Complete this checklist as part of your monthly food safety inspection cycle. If you answer "no" to any of the items, you must take corrective action. Record the corrective actions taken in the space at the bottom of this form. **NOTE:** This is one of a series of four forms. It is recommended that one form be completed each week.

FOOD PREPARATION

Yes	No	N/A	
___	___	___	Fruits and vegetables are properly washed before preparation or service.
___	___	___	Ice used to chill food or beverages is never used as a food ingredient.
___	___	___	A cleaned and sanitized container(s) and ice scoop(s) is used to dispense ice.

TRANSPORTING

___	___	___	All cold-holding equipment is properly cleaned and sanitized.
___	___	___	All holding equipment properly cleaned and sanitized when returned.

_____

CORRECTIVE ACTIONS TAKEN:

Date	Action Taken

MONTHLY FOOD SAFETY INSPECTION – WEEK 4

Signature of Responsible Person: _____

Date Inspection Completed: _____

Directions: Complete this checklist as part of your monthly food safety inspection cycle. If you answer "no" to any of the items, you must take corrective action. Record the corrective actions taken in the space at the bottom of this form. **NOTE:** This is one of a series of four forms. It is recommended that one form be completed each week.

FACILITIES AND EQUIPMENT

Yes	No	N/A	
___	___	___	Properly sized plastic liners in all garbage cans located in each work area.
___	___	___	Recyclables are properly stored.
___	___	___	Dumpster and dumpster pad area maintained in a clean condition.
___	___	___	Sand urns located in smoking/break areas maintained and emptied frequently – if smoking is permitted on school property.

HAZARD COMMUNICATIONS

Yes	No	N/A	
___	___	___	All hazardous chemicals properly marked.

CORRECTIVE ACTIONS TAKEN:

Date	Action Taken

MONTHLY – Pest Control and Fire Safety Inspection

Pests can pose a significant program within a foodservice operation. Complete the following inspection report each month. All items checked "NO" must be corrected as soon as possible.

Observer: _____ **Date Inspection Completed:** _____

Pest Control			
Is the Pest Control log in an area that is accessible to workers and the PCO?	**Yes**	**No**	
Did the PCO visit the school foodservice this month?	**Yes**	**No**	**--**
If the PCO visited, was the facility properly prepared for the visit—all exposed cooking implements and utensils covered or put away?	**Yes**	**No**	**--**
The building exterior and perimeter is clean and free of clutter and debris.	**Yes**	**No**	**N/A**
Insecticides and rodent traps properly used in and near the garbage and waste area.	**Yes**	**No**	**N/A**
Only products labeled for use in food-handling areas are used.	**Yes**	**No**	**N/A**
Trapping devices or other means of pests control properly maintained and used.	**Yes**	**No**	**N/A**
Pesticides kept in their original containers and stored properly.	**Yes**	**No**	**N/A**
Fire and Physical Safety			
Freezer doors without an emergency escape are unlocked.	**Yes**	**No**	**N/A**
Exhaust fans are running when any cooking equipment is operating.	**Yes**	**No**	**N/A**
All equipment is aligned properly under the hood system.	**Yes**	**No**	**N/A**
All combustibles are under the hood.	**Yes**	**No**	**N/A**
All manual pull stations are not blocked.	**Yes**	**No**	**N/A**
All portable fire extinguishers are in the charge position.	**Yes**	**No**	**N/A**
All portable fire extinguishers are not blocked.	**Yes**	**No**	**N/A**
No boxes are blocking exists, exit egress, or exit discharge areas.	**Yes**	**No**	**N/A**
No food items are stored closer than 24 inches to the ceiling.	**Yes**	**No**	**N/A**
No boxes, bags, tools or other materials on floor.	**Yes**	**No**	**N/A**
Walkways are not blocked with hand trucks, equipment, or materials.	**Yes**	**No**	**N/A**
No cords or cables are in walkways.	**Yes**	**No**	**N/A**
No items are on stairs.	**Yes**	**No**	**N/A**
Exit lights are illuminated.	**Yes**	**No**	**N/A**

NOTES:

Foodborne Illness Complaint Form – Instructions to Complete

Date complaint received – Record the date that the complaint received in the cafeteria. If you receive the information from another party, then record the date that they received the complaint and the date that they forwarded the information to you.

Name/Phone Number of Complainant – Record the name and the telephone number of the individual making the complaint.

Date Illness Occurred – Record the date that the proposed illness occurred.

Implicated food – Record the names of the food(s) that the complainant said was (were) eaten on the day that the proposed illness occurred.

Number ill – Record how many individuals were reported by the complainant to be sick.

Comments – Note how the complaint was handled. Was there a review of the HACCP records on the day that the proposed illness took place? Was the complaint referred to the health department?

Foodborne Illness Complaint Form

Month/Year: _____

School Name: _____

Date Complaint Received	Name/Phone Number of Complainant	Date Illness Occurred	Implicated Food	Number Ill	Comments

Pest Problem Reporting Log

Name of School _____

Date	Room Number/Area	Pest	Comments	Person Reporting