



SCHOOL LUNCH PROGRAM FOOD SAFETY CHECKLIST

Date _____ Observer _____

Directions: Use this checklist monthly. Determine areas in your operations requiring corrective action. Record corrective action taken and keep completed records in a notebook for future reference.

PERSONAL HYGIENE

	Yes	No	Corrective Action
• School lunch managers wear clean and proper attire including shoes.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Effective hair restraints are properly worn.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Fingernails are short, unpolished, and clean (no artificial nails).	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Jewelry is limited to a plain ring, such as wedding band; no watch and no bracelets.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Hands are washed properly, frequently, and at appropriate times.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Burns, wounds, sores or scabs, or splints and water-proof bandages on hands are bandaged and completely covered with a foodservice glove while handling food.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Eating, drinking, chewing gum, smoking, or using tobacco are allowed only in designated areas away from preparation, service, storage and ware washing areas.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• School lunch managers use disposable tissues when coughing or sneezing and then immediately wash hands.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• School lunch managers appear in good health.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Hand sinks are unobstructed, operational, and clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Hand sinks are stocked with soap, disposable towels, and warm water.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• A handwashing reminder sign is posted.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Restrooms are operational and clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____

FOOD PREPARATION

	Yes	No	Corrective Action
• All food stored or prepared in facility is from approved sources.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food equipment utensils, and food contact surfaces are properly washed, rinsed, and sanitized before every use.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Frozen food: (juice and other cold side items) is thawed under refrigeration, or in cold running water.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Frozen food (hot entrees and side items) are kept frozen in the freezer until placed in the oven for cooking.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Thawed food is not refrozen.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Procedures are in place to prevent cross-contamination.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Food is handled with single use gloves.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Only enough food is prepared for each lunch period, to limit the time it is in the temperature danger zone.	<input type="checkbox"/>	<input type="checkbox"/>	_____



- Clean reusable towels are used only for sanitizing equipment and surfaces and not for drying hands, utensils, or floor. _____
- Food is cooked to the required safe internal temperature for the appropriate time. The temperature is tested with a calibrated food thermometer. _____
- The internal temperature of food being cooked is monitored and documented. _____

HOT HOLDING

- | | Yes | No | Corrective Action |
|---|--------------------------|--------------------------|-------------------|
| • Cooking is done in small batches, according to lunch periods, to an internal temperature of 165 °F. Cooking is scheduled so that hot foods are ready no more than 10 minutes prior to serve time. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

COLD HOLDING

- | | Yes | No | Corrective Action |
|--|--------------------------|--------------------------|-------------------|
| • Refrigerators are kept clean and organized. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Temperature of cold food being held is at or below 41°F. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Food is protected from contamination. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

REFRIGERATOR, FREEZER, AND MILK COOLER

- | | Yes | No | Corrective Action |
|---|--------------------------|--------------------------|-------------------|
| • Thermometers are available and accurate. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Temperature is appropriate for pieces of equipment. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Food is stored 6 inches off floor or in walk-in cooling equipment. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Refrigerator and freezer units are clean and neat. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • The FIFO (First In, First Out) method of inventory management is used. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Ambient air temperature of all refrigerators and freezers is monitored and documented at the beginning of each day. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

FOOD STORAGE AND DRY STORAGE

- | | Yes | No | Corrective Action |
|--|--------------------------|--------------------------|-------------------|
| • Temperatures of dry storage area is between 50°F and 70°F or State public health department requirement. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • All food and paper supplies are stored 6 to 8 inches off the floor. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • The FIFO (First In, First Out) method of inventory management is used. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Food is protected from contamination. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • All food surfaces are clean. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Chemicals are clearly labeled and stored away from food and food-related supplies. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • There is a regular cleaning schedule for all food surfaces. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |



CLEANING AND SANITIZING

	Yes	No	Corrective Action
• Three-compartment sink is properly set up for ware washing.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Dishmachine is working properly (such as gauges and chemicals are at recommended levels).	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Water is clean and free of grease and food particles.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Water temperatures are correct for wash and rinse.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• If using a chemical sanitizer, it is mixed correctly and a sanitizer strip is used to test chemical concentration.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Lunch trays are allowed to air dry.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Wiping cloths are stored in sanitizing solution while in use.	<input type="checkbox"/>	<input type="checkbox"/>	_____

UTENSILS AND EQUIPMENT

	Yes	No	Corrective Action
• Work surfaces are clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Work surfaces are cleaned and sanitized between uses.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Thermometers are cleaned and sanitized after each use.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Thermometers are calibrated on a routine basis.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Drawers and racks are clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____

GARBAGE STORAGE AND DISPOSAL

	Yes	No	Corrective Action
• Kitchen garbage cans are clean and kept covered.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Garbage cans are emptied as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Boxes and containers are removed from site.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Loading dock and area around dumpster are clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Dumpsters are clean.	<input type="checkbox"/>	<input type="checkbox"/>	_____

PEST CONTROL

	Yes	No	Corrective Action
• Outside doors have screens, are well-sealed, and are equipped with a self-closing device.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• No evidence of pests is present.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• There is a regular schedule of pest control by a licensed pest control operator.	<input type="checkbox"/>	<input type="checkbox"/>	_____