## RESPRO INSPECTION CHECKLIST

| Date:                       |                  |                       |        |    |
|-----------------------------|------------------|-----------------------|--------|----|
| Manager:                    |                  |                       |        |    |
| Temperatures:               |                  |                       |        |    |
| Unit logs done AM:          | PM:              | By whom:              |        |    |
| Cooling log completed: \    | /es No_          |                       |        |    |
| Service Line:               |                  |                       |        |    |
| Employees wearing glov      | es when handl    | ing food: YesNo       | )      |    |
| Hands are washed at ap      | propriate times  | s: Yes No             |        |    |
| Cold holding unit temper    | atures below 4   | 1º: YesNo             |        |    |
| Hot holding temperature     | s above 135°: `  | Yes No                |        |    |
| If no, which units a        | re out?          |                       |        | _  |
| Food prep areas are clear   | an and sanitize  | d: Yes No             |        |    |
| Floors / walls / ceilings a | re clean: Yes_   | No                    |        |    |
| Food covered, labeled, a    | and dated in the | e reach ins: Yes      | _ No   |    |
| Raw meats stored prope      | erly: Yes l      | No                    |        |    |
| Cooking surfaces (grills,   | microwaves, ir   | npingers) clean: Yes_ | No     |    |
| Cold holding units have     | ambient thermo   | ometers and are clear | ı: Yes | No |
| Sanitizer bucket concent    | tration:         | _ppm                  |        |    |
| Hand wash sinks have s      | oap, towels, ar  | nd hot water: Yes     | No     |    |
| Walk In:                    |                  |                       |        |    |
| Ambient temperature:        |                  |                       |        |    |
| All food is covered, label  | led, dated, and  | off the floor: Yes    | No     |    |
| Prepared food is less that  | an 7 days old: \ | Yes No                | _      |    |
| Shelves and condenser       | covers are clea  | an: Yes No            |        |    |
| Raw meats and ready-to      | eat foods are    | stored properly: Yes_ | No     |    |
| Floor / walls / ceiling are | clean: Yes       | No                    |        |    |
| Prep Areas:                 |                  |                       |        |    |
| Food is off the floor: Yes  | No               | _                     |        |    |
|                             |                  |                       |        |    |

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| All bulk ingredient bins are labeled: Yes No                            |
|---|
| Sanitizer bucket concentration:   |
| Floors / walls / ceilings are clean: Yes No                             |
| Prep counters are clean and sanitized: Yes No                           |
| Hand wash sinks have soap, towels, and hot water: Yes No                |
| Warewash Area:  |
| Mechanical dishwasher: Temp Chemical concentrationppm                   |
| All equipment is air dried before stacking: Yes No                      |
| Equipment bins are clean in the bottom: Yes No                          |
| Floors / walls / ceilings are clean: Yes No                             |
| Hand wash sink has soap, towels, and hot water: Yes No                  |
| Chemicals:  |
| All chemical bottles and sanitizer buckets are properly labeled: Yes No |
| Overall Operations:   |
| All working employees have current food handler cards: Yes No           |
| Have any employees called in sick? Yes No                               |
| If yes, who:  |
| Interruption in service (power, water, sewer backup): Yes No            |
| If yes, what action was taken:  |
| Additional Comments / Corrective Actions                                |
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