

INSPECTION CHECK SHEET

Name of Premises:

Address:

Tel No:

Contact Person Name:

Date of Assessment:

EHP:

HI No:

Foodstuffs produced/processed:		

Sr	ITEM DESCRIPTION	Y / N / NA
1	DOCUMENTED PROOF	
A.	Valid Certificate of Acceptability	
B.	OTHER LISTINGS/ CERTIFICATIONS	
i.	HACCP - Management manual in place	
ii.	TQM - Management manual in place	
iii.	QM - Management manual in place	
C.	Copy of legal requirements verified by company	
D.	Copy of list for raw product procurement?	
E.	Copy of Export list received? (Products must be indicated)	
F.	Copy of local distribution	
G.	Listeria prevention plan available?	
H.	CLEANING SCHEDULE	
i.	CIP - Cleaning in place - Dates indicated	
ii.	COP - Cleaning out of place - Dates indicated	
iii.	Material safety data sheets (MSDS), cleaning chemicals	
I.	MAINTENANCE SCHEDULE	
i.	Specific area listed and dated?	
ii.	SOP for maintenance procedure in place?	
J.	TEMPERATURE CHECK LISTS	
i.	Calibration certificate of all thermometers/guages	
ii.	Received foodstuffs	
iii.	Fridge	
iv.	Freezer	
v.	Heat treatment areas	
vi.	Transport vehicles	

vii.	SOP for temperature deviations	
K.	Complaints register	
L.	SAMPLING AND ANALYSIS PLAN	
i.	Is a sampling plan available and implemented?	
ii.	Water - Bacteriological results compliant?	
iii.	Water - Chemical results compliant?	
iv.	Environmental swabs - Bacteriological results compliant?	
v.	Environmental swabs - Chemical results compliant (pesticides)?	
vi.	Raw product - Bacteriological results compliant?	
vii.	Raw product - Chemical results compliant?	
viii.	End product - Bacteriological results compliant?	
ix.	End product - Chemical results compliant?	
M.	LISTERIA SPECIFIC SAMPLING	
i.	Environmental swabs taken?	
ii.	Environmental swabs compliant?	
iii.	Product samples taken?	
iv.	Product samples compliant?	
N.	TRAINING PROGRAM	
i.	Training program available?	
ii.	Training register signed	
iii.	Operation of company - operating machinery, Health and Safety training	
iv.	Hygienic working methods	
v.	Prevention of listeria	
vi.	Wearing of PPE	
vii.	Cleaning of facility (Complements duty sheet)	
viii.	Maintenance personnel	
O.	MAINTENANCE OF PPE	
i.	Replacement schedule	
ii.	Washing of PPE, SOP in place?	
iii.	Inspection register in place?	

C.	Is this area properly cleaned?								
D.	Walls, floor and ceiling: No open joint, seams; smooth; rust free; cleanable; non-absorbent; dust								
i	Walls								
ii	Floors								
iii	Ceilings								
iv.	Food handling surfaces								
E.	VENTILATION								
i.	Is the area free from condensation?								
ii.	Air flow from clean to dirty?								
iii.	Is natural ventilation available?								
iv.	Is mechanical ventilation available?								
F.	ILLUMINATION								
i.	Is the light guarded to prevent breakage and								
ii.	Is natural illumination available?								
iii.	Is artificial illumination available?								
G.	EQUIPMENT								
i.	Crack free?								
ii.	Splinter free?								
iii.	Chip free?								
iv.	In good hygiene status and easy to clean?								
v.	Rust free equipment?								
H.	CROSS CONTAMINATION								
i.	Is cross contamination prevented during delivery?								
ii.	Is cross contamination prevented in the processing								
iii.	Is cross contamination prevented during loading?								
I.	FOOD CONTAINERS								
i.	In a good state of repair and free from contaminants/ toxic substances								
ii.	Easily cleanable								
iii.	Tight fitting lids. (Where necessary)								
J.	KILL STEP (Time and temperature)								

i.	Required time and temperature (heat or cold) indicated?								
K.	DRAINS								
i.	Floor drains available?								
ii.	Easily cleanable? (Not with high pressure water)								
iii.	Slope correct to prevent water stagnation?								
iv.	Grids removable to ease cleaning?								
v.	Waste water flow from clean to "dirty" side?								
j.	% COMPLIANCY	0	0	0	0	0	0	0	0

D.	FOODSTUFFS STORAGE AREAS	Indicate one only	Indicate one only	Indicate one only	Indicate one only	Indicate one only	Indicate one only	Indicate one only	Indicate one only
	<i>Was this area available "Y" or not "N"</i>								
A.	Walls, floor and ceiling: No open joint, seams; smooth; rust free; cleanable; non-absorbent; dust proof; water resistant.	Fridge Freezer Dry store (1)	Fridge Freezer Dry store (2)	Fridge Freezer Dry store (3)	Fridge Freezer Dry store (4)	Fridge Freezer Dry store (5)	Fridge Freezer Dry store (6)	Fridge Freezer Dry store (7)	Fridge Freezer Dry store (8)
i.	Walls								
ii.	Floors								
iii.	Ceilings								
iv.	Shelves (Overloading prevented)								
v.	Roof								
B.	VENTILATION								
i.	Is the area free from condensation?								
ii.	Air flow from clean to dirty?								
iii.	Is natural ventilation available?								
iv.	Is mechanical ventilation available?								
C.	ILLUMINATION								
i.	Is the light guarded to prevent breakage and physical contamination?								
ii.	Is natural illumination available?								

iii.	Is artificial illumination available?								
D.	FOOD CONTAINERS								
i.	In a good state of repair and free from contaminants/ toxic substances?								
ii.	Easily cleanable?								
iii.	Tight fitting lids. ? (Where necessary)								
E.	HOUSEKEEPING								
i.	Is cross-contamination prevented?								
ii.	Are all foodstuffs covered?								
iii.	Is the floor free from storage?								
iv.	Is FIFO visible and implemented?								
v.	Can the products be easily identified?								
	Is a back-up generator available?								
F.	% COMPLIANCY	0	0	0	0	0	0	0	0
E.	GENERAL STORAGE AREAS	Equipment	Chemicals	Packaging	Other 1:	Other 2:	Other 3:	Other 4:	Other 5:
	<i>Was this area available "Y" or not "N"</i>								
A.	Walls, floor and ceiling: No open joint, seams; smooth; rust free; cleanable; non-absorbent; dust								
i.	Walls								
ii.	Floors								
iii.	Ceilings								
iv.	Shelves (Overloading prevented)								
v.	Roof								
B.	VENTILATION								
i.	Is the area free from condensation?								
ii.	Air flow from clean to dirty?								
iii.	Is natural ventilation available?								

ii.	Air flow from clean to dirty?								
iii.	Is natural ventilation available?								
iv.	Is mechanical ventilation available?								
C.	ILLUMINATION								
i.	Is the light guarded to prevent breakage and physical contamination?								
ii.	Is natural illumination available?								
iii.	Is artificial illumination available?								
D.	PERSONAL HYGIENE								
i.	Are hands in a good condition? (Short nails, no injuries)								
ii.	Is there monitoring and control of hand washing?								
iii.	Is gloves worn when injured finger/hand is present?								
iv.	Is clean clothing worn every day?								
v.	Is clothing changed when sweaty?								
vi.	Is a type of hair net/hat worn to protect food from hair contamination?								
vii.	Is sweat bands worn by those who sweat profusely? This is to protect the food from sweat dripping into								
viii.	Is smoking prohibited inside the kitchen facility?								
ix.	Is eating prohibited during preparation time?								
x.	Is talking over foodstuffs prohibited?								
E.	SAFETY								
i.	Is electrical equipment properly grounded?								
ii.	Does an electrician regularly inspect electrical								
iii.	Are the electrical switches located so that they can be reached readily in the event of an emergency?								
iv.	% COMPLIANT	0	0	0	0	0	0	0	0

v.	Recycling done/not?								
E.	GARBAGE BIN WASHING AREA (Walls, floor and ceiling: No open joint, seams; smooth; rust free; cleanable; non-absorbent; dust proof; water resistant.)								
i.	Walls								
ii.	Floors								
iii.	Ceilings								
iv.	Shelves (Overloading prevented)								
v.	Roof								
vi.	Door (and kept closed)								
vii.	Fly mesh								
F.	VENTILATION								
i.	Is the area free from condensation?								
ii.	Air flow from clean to dirty?								
iii.	Is natural ventilation available?								
iv.	Is mechanical ventilation available?								
G.	ILLUMINATION								
i.	Is the light guarded to prevent breakage and physical contamination?								
ii.	Is natural illumination available?								
iii.	Is artificial illumination available?								
H.	WASHING EQUIPMENT								
i.	Is hot and cold water supplied to this area?								
ii.	Is sanitising soap available in this area?								
iii.	Are sufficient scrubbing brushes available to this								
iv.	Sufficient PPE worn?								
v.	DRYING OF BINS								
vi.	Space for drying bins up-side-down?								
i.	% COMPLIANCY	0	0	0	0	0	0	0	0
SPECIMENS COLLECTED									

SUMMARY OF FINDINGS DURING EVALUATION REGARDING THE % OF COMPLIANCE		
Sr Nr	Area	%
1	Documented proof	0
2	Plant evaluation	
	a. Change and break rooms	#DIV/0!
	b. Staff entry	#DIV/0!
	i. Receiving area	0
	ii. Processing area	0
	iii. Dispatch area	0
	iv. Other 1	0
	v. Other 2	0
	vi. Other 3	0
	vii. Other 4	0
	viii. Other 5	0
	c. Area	#DIV/0!
	i. Receiving	0
	ii. Processing	0
	iii. Area 3	0
	iv. Area 4	0
	v. Area 5	0
	vi. Area 6	0
	vii. Area 7	0
	viii. Area 8	0
	d. Foodstuffs storage areas	#DIV/0!
	i. (1)	0
	ii. (2)	0
	iii. (3)	0
	iv. (4)	0
	v. (5)	0
	vi. (6)	0
	vii. (7)	0
	viii. (8)	0
	e. General storage areas	#DIV/0!
	i. Equipment	0
	ii. Chemical	0
	iii. Packaging	0
	iv. Other 1	0
	v. Other 2	0
	vi. Other 3	0
	vii. Other 4	0
	viii. Other 5	0
	f. Processing area	#DIV/0!
	i. Area 1	0
	ii. Area 2	0
	iii. Area 3	0
	iv. Area 4	0
	v. Area 5	0
	vi. Area 6	0
	vii. Area 7	0
	viii. Area 8	0
	g. Garbage/ waste area	#DIV/0!
	i. Area 1	0
	ii. Area 2	0
	iii. Area 3	0
	iv. Area 4	0
	v. Area 5	0
	vi. Area 6	0
	vii. Area 7	0
	viii. Area 8	0

TOTAL % COMPLIANCY	###
-------------------------------	------------