**Safety Inspection Checklist – Restaurant**



**Building location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Inspected by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Clearly comment on the details of the corrective measures.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Yes** | **No** | **N/A or Comments** | **Corrected Date/Info** |
| **OFFICE/WORK AREA** |  |  |  |  |
| Required labor posters |  |  |  |  |
| What to do in case of emergency |  |  |  |  |
| Local clinic within Medical Provider Network (MPN) |  |  |  |  |
| Safety Manual and Safety Data Sheets – available and employees trained |  |  |  |  |
| Report of Unsafe Condition form |  |  |  |  |
| First aid kit stocked – no medications – no aspirin/Tylenol |  |  |  |  |
| **EXITS/STAIRS/PASSAGEWAYS** |  |  |  |  |
| Top step of stairs highlighted? |  |  |  |  |
| Proper exit signs visible from all areas and lights working |  |  |  |  |
| Exits not obstructed and kept unlocked or panic hardware |  |  |  |  |
| “Not An Exit” signs posted or doors clearly labeled  |  |  |  |  |
| Handrails if 4 or more risers on stairs or elevated areas more than 30” high? |  |  |  |  |
| At least two exits from areas where 50+ people may be located in any one room or in basement or upper levels? |  |  |  |  |
| Is the emergency lighting system in place and working? |  |  |  |  |
| **FIRE PROTECTION** |  |  |  |  |
| Fire extinguishers mounted properly, recharged annually, inspected monthly in house, fully charged?  |  |  |  |  |
| Has at least one employee from each shift been trained on the use of portable fire extinguishers? |  |  |  |  |
| Ansul type system over stove serviced w/in 6 mo? |  |  |  |  |
| **ELECTRICAL/GAS** |  |  |  |  |
| All switches and outlets covered and in good repair |  |  |  |  |
| Ground Fault Circuit Interrupters (GFCIs) in wet locations? |  |  |  |  |
| Electrical cords and wiring in good condition  |  |  |  |  |
| Extension cords temporary use only; not thru doors/walls |  |  |  |  |
| Electrical panel boxes closed |  |  |  |  |
| All circuit breakers labeled, inserts over openings  |  |  |  |  |
| 3 feet clearance in front of electrical panels |  |  |  |  |
| At least one employee on each shift can shut off gas and electricity to restaurant, or can call bldg engineer |  |  |  |  |
| Gas shut off tool mounted and labeled |  |  |  |  |
| **FOOD PREPARATION AREAS** |  |  |  |  |
| Hot oil and pots cooled before carrying or cleaning over |  |  |  |  |
| Floor clean and free of spillage |  |  |  |  |
| Exhaust hood functioning/clean |  |  |  |  |
| Knives sharpened and properly stored |  |  |  |  |
| Pickle bucket opener available and used |  |  |  |  |
| Equipment in good repair |  |  |  |  |
| Clear walkways (no protruding handles) |  |  |  |  |
| **OTHER/COMMENTS** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Yes** | **No** | **N/A or Comments** | **Corrected Date/Info** |
| **WORK PROCEDURES** |  |  |  |  |
| Proper lifting: no twisting or overreaching |  |  |  |  |
| Proper use of ladders |  |  |  |  |
| Safe use of knives |  |  |  |  |
| Use caution words (e.g. behind you, hot plate) |  |  |  |  |
| Carry 3 plates maximum |  |  |  |  |
| Only slip-resistant shoes worn |  |  |  |  |
| **ELECTRIC FOOD PREP EQUIPMENT** |  |  |  |  |
| Guards installed/used correctly – mixers, meat slicers, etc. |  |  |  |  |
| Slicer width adjustment set to “0” when not in use |  |  |  |  |
| Unplugged during maintenance and cleaning |  |  |  |  |
| Safe operation procedures posted |  |  |  |  |
| Cut-resistant gloves worn - clean meat slicer/use mandolin |  |  |  |  |
| **STORAGE AREAS** |  |  |  |  |
| Racks/Shelving in good repair, secured from falling  |  |  |  |  |
| Heavy items on lower shelves and not overloaded |  |  |  |  |
| Stepladders provided, in good condition |  |  |  |  |
| Gas cylinders secured, cap on when not in use |  |  |  |  |
| All containers clearly labeled/dated |  |  |  |  |
| **COLD STORAGE** |  |  |  |  |
| Floors dry and clean (not slippery) |  |  |  |  |
| Adequate lighting, light bulbs protected |  |  |  |  |
| Doors fully operable and emergency release inside to allow escape even when locked? |  |  |  |  |
| Proper temperature – below 41 degrees |  |  |  |  |
| **HOUSEKEEPING** |  |  |  |  |
| Floor mats clean and properly positioned (not stacked) |  |  |  |  |
| Aisles and walkways clear |  |  |  |  |
| Floors free of grease and water and in good repair |  |  |  |  |
| Floor openings covered and guarded |  |  |  |  |
| Walls and vents clean (no grease) |  |  |  |  |
| Facilities free of rodents and insects? Licensed pest co? |  |  |  |  |
| **DISHWASHING AREA** |  |  |  |  |
| Area clean and organized; no excess water |  |  |  |  |
| Broken glass container – broom used on glass, not hands |  |  |  |  |
| Knives washed separately |  |  |  |  |
| Gloves/eye protection provided when working w/chemicals |  |  |  |  |
| Spray bottles and sanitation buckets clearly labeled |  |  |  |  |
| Eyewash station |  |  |  |  |
| **TRASH DISPOSAL AREA** |  |  |  |  |
| Trash emptied regularly/cans not heavy when loaded |  |  |  |  |
| Dumpster area and trash cans clean and good condition |  |  |  |  |
| Separate broken glass container |  |  |  |  |
| **PARKING LOT** |  |  |  |  |
| Well lit |  |  |  |  |
| Utilities marked and protected |  |  |  |  |
| Free of slip, trip, fall hazards; highlighted steps |  |  |  |  |

**Are there any facilities or equipment issues in need of repair or attention not noted above?**

**Additional Comments:**

*The information and suggestions in this form are presented as a guide. No results are guaranteed and no liability is assumed as to the information or safety suggestions presented. No assumption can be made that every acceptable safety procedure is stated. Abnormal, unusual, or particular circumstances may require different or additional procedures.*