

SELF INSPECTION, KITCHEN

FACILITY: _____

DATE: _____

ITEM:	Satisfactory	Unsatisfactory	Reported
Is the fire extinguisher (Type K, if cooking on premises) mounted, readily accessible and fully charged?			
Has the fire extinguishing system been serviced within the last twelve months?			
Do each of the personnel know their responsibilities during a disaster?			
Does each employee know how to operate and maintain your machinery and equipment?			
Are equipment and supplies stored safely?			
Is kitchen hood operational and steam cleaned within the last year?			
Is grease control good and are all filters present?			
Have floor mats and slip/fall hazards been eliminated?			
Are dolly and step stool readily available?			
Are spills mopped up immediately?			
Are the knife storage and usage as recommended?			
Are knives sharpened as needed?			

Comments:

Inspector:
