

**Environmental Health and Safety
 Quarterly Food Service Inspection Report**

Date: [Click here to enter a date.](#)

EHS Staff: _____

All outside regulatory agencies reports/inspections with plans of corrective action have been reviewed. All findings have been discussed with the facility head or designee prior to departure of onsite inspection.

Facility: [Choose an item.](#)

Due date for Plans of Corrective Action: [Click here to enter a date.](#)

All deficiencies require plans of corrective action to include Upkeep work orders submitted by facility staff/responsible department head. All POA's will be submitted to be to the Environmental Health and Safety Unit as noted above.

Identify C – Compliant / NC – Noncompliant / NA – Non Applicable / WO# - Work Order # (if applicable)				
Area of Inspection	C	NC	N/A	POA and/or WO #
A. Fire Safety				
1. Are fire evacuation diagrams posted in orientation of the building and current (renovations include; exits are fire ext. identified, etc.)?				
2. Are fire extinguishers in all locations in accordance with the evacuation diagram, mounted, numbered, charged, sealed and accessible? (un-obstructed and easy access) Date of last annual inspection _____ (service)				
3. Are fire doors closed, unobstructed and door closures working properly?				
4. Is all equipment vented properly to include dish machines and hood vents? Are hood systems green tagged and nozzles capped and free from grease buildup? Include the last hood and duct suppression system inspection: _____				
5. Are alarm systems operational? Are lights and horns free from obstruction or damage?				
6. Are exits and exit access visible, unobstructed and illuminated?				
7. Are sprinkler risers green tagged, unobstructed and gauges in working order? Note date of last Fire Riser Inspection. _____				
8. Review last Fire Marshal Inspection _____; if areas in the kitchen were noted, ensure all required corrective action is completed and/or has an anticipated date of completion. (Attach most recent plans of corrective action if applicable to the kitchen)				
Comments:				
B. Electrical/Mechanical				
1. Are electrical panels unobstructed and properly labeled?				
2. Are electrical cords in good working order free of splices, oils and/or grease?				
3. Are GFCI outlets in proper working order? (required in all areas with a water source)				
4. Are power strips used properly (offices only)? A power strip cannot power equipment.				
5. Do lights have covers or shielded with tubes?				
6. In the event equipment is not operational and/or damaged, are staff utilizing their Lock Out Tag Out procedures in accordance with OP-150330?				
Comments:				

C. Caustics/Toxics				
1. Are caustics/toxics properly stored and SDS available for each product?				
2. Are logs available for inventory and issuance of products? (verify several products to ensure accuracy)				
3. Do containers/caddies have a list of products/quantities issued? (consistent with label)				
4. Are caustics stored separately from stored food items, equipment, and serving utensils?				
Comments: Note if any aerosols/flammables are found in FS, identify here.				
D. Control of Pest/Rodents				
1. Is there evidence of pest/rodents in the food service area and/or storage areas?				
2. Are fly curtains available at all points of entry to food service from the outside AND operational?				
Comments:				
E. General				
1. Are floors and walkways free of clutter and debris? Floors, walls and ceiling shall be clean and free from mold/debris and in good repair (not any findings).				
2. Are windows and doors adequately sealed to prevent the entrance of pests? (no evidence daylight from under the door)				
3. Are plumbing fixtures in proper working order (faucets, toilets operable)?				
4. Are waste receptacles covered when not in use? (Note: Uncovered when in use is authorized)				
5. Are housekeeping plans developed and being enforced in the food service area? (Ensure sanitation throughout the kitchen/dining area promotes a clean environment which assists in reducing health related issues)				
6. Are water temperatures (hot water) 120 degrees (hand washing, triple sink, etc.)				
7. Is a First Aid kit available in food service, sealed, and inspected monthly by Food Service staff? (date of last inspection, and location of first aid kit _____)				
8. Are inmates/staff eating in the kitchen area? (Note any result if inmates are drinking in the FS area; container MUST have lids.)				
9. Are fans clean free from grease build up and/or debris?				
10. Are backflow devices installed and inspected appropriately?				
Comments:				
F. Food Storage Areas				
1. Are containers stored at least six inches above the floor and six inches away from walls?				
2. Are containers at least 18 inches below fire sprinkler heads and 24 inches from non-sprinkler ceilings?				
3. Are food storage temperatures appropriate? (review actual temperature reading the day of the inspection and several examples of the Daily Work Production sheet within the month) a) Refrigerator 35-40° F b) Freezer 0° F or below c) Dry Storage 45° F-80 ° F				
4. Do all food storage areas have accurate internal thermometers?				
5. Are sample trays being maintained for 72 hours and marked with date and time of preparation? (review Daily Work Production schedule and trays in cooler)				

6. Are original containers in good condition? (Metal cans are free of dents and rust)				
7. Are all containers properly labeled with name of product and date received or prepared? The food container is labeled, not the lid.				
8. Are all food items with the oldest dates used first (first in, first out)?				
Comments:				
G. Food Production Areas/ Serving Line				
1. Are final cooking temperatures appropriate and documented on the "Daily Work Production Schedule"? a) All poultry, poultry stuffing, stuffed meats and stuffing containing meat: 165° F or above. b) Ground meat and any food containing ground beef, pork, or fish: 155° F or above. c) Eggs: 155° F or above. d) Whole seafood, and meat products of beef or pork (e.g.: steaks, chops, roasts, and filets): 145° F or above. e) Leftovers: 165° F or above. f) All other potentially hazardous foods requiring cooking: 140° F or above.				
2. Are hot foods being held above 135 degrees?				
3. Are adequate hot holding cabinets available?				
4. Are cold foods held below 40 degrees? (will have enough ice on serving line/ice bath to ensure temperatures are at or below 40 degrees)				
5. Are food trays inverted or covered when not in use?				
6. Are potentially hazardous food properly thawed?				
7. When food is removed from temperature control, it is served within 4 hours?				
8. Is food properly handled i.e., use of utensils, plastic gloves, etc.?				
9. Are food contact surfaces clean and sanitized? Including but not limited to: mixers, food and transport carts, ovens and oven racks, steam pots, tilt skillets, grills, food prep tables, serving line, slicers, buffalo choppers, microwaves.				
10. Is kitchen equipment cleaned and sanitized after each use? Equipment will be cleaned and sanitized at the end of every shift; note if there is evidence of negligence in cleaning and repair)				
Comments:				
H. Tray Room/ 3 Compartment Sink				
1. Does the dish machine maintain proper temperatures? If dish machine utilizes a chemical sanitizer, is the chemical concentration appropriate? a. Wash 150° F; b. Rinse/Sanitization 180° F; c. or appropriate temperature for chemical sanitization products; d. Chemical sanitizer for low temperature dish machines (Chlorine 50-100 ppm)				
2. Is the dish machine free of lime deposits and debris?				
3. Are the underside of sinks free of mold, debris, and mineral deposits?				
4. Is the triple compartment sink washing procedure correct, to include use of a disinfectant? a. Chlorine 50-100 ppm b. Quaternary 100-200 ppm				
5. Are pans and utensils air dried and stored at least six inches off the floor?				
6. Are pots and pans free of baked on debris and residue?				
7. Are wet pans stacked at an angle to prevent wet stacking?				
8. If applicable, are indoor grease traps cleaned at least weekly and tightly sealed to prevent leakage of odors or grease				
Comments:				

I. Rest Rooms				
1. Are toilet facilities clean, disinfected, and maintained in proper working condition? Ensure these are inspected once per shift by staff: encourage a sign off sheet located in the restroom to ensure compliance.				
2. Is a hand washing sign posted in each restroom?				
3. Are trash receptacles available? (Ensure a lid present on the trash receptacle in each rest room utilized by females).				
4. Are paper towels/hand dryers and soap provided?				
5. Are doors to rest rooms tight sealing and self-closing?				
Comments:				
J. Hygiene				
1. Are adequate number of hand washing sinks available? (Ensure hand-washing sinks are operational and clean; paper towels and soap must be supplied at each hand-washing sink.)				
2. Are hairnets and beard guards used/being worn? (observation/interviews staff, inmates all person entering food prep area)				
3. Are all food service workers in good health, free from infections, open cuts, or burns, etc.?				
4. Are personal hygiene standards followed? (ensure staff and inmates wearing cleaning clothing, and following hand hygiene processes)				
Comments:				
K. Documentation				
1. Is a valid Health Department License posted? (date of license expiration: _____) (one must be in the canteen and warehouse too)				
2. Are daily food service inspections completed and documented per policy, to include Food Service Manager review? (Review OP-070201 Attachment B "Food Service Inspection Sheet" for past three months).				
3. Are weekly food service inspections completed and documented in accordance with OP-070201/130107? (Review prior months' OP-070201 Attachment B "Food Service Inspection Sheet" and OP-130107 Attachment A-1 "Weekly Health and Safety Inspection Report" (OP-130107) by the Food Service Manager)				
4. Date of last Department of Health Inspection _____; ensure all required corrective action is completed and/or has an anticipated date of completion. Identify current compliance level below and attach most recent plans of corrective action. If none, date of last EHS quarterly.				
Comments:				
L. PPE/Hazard Assessment Review kitchen equipment for applicable PPE/Hazard Assessments (e.g, steam pot, meat slicer, dishwasher, steam table, ovens, etc.). Evaluate if the information to ensure it is consistent with required work and training of inmate/employee assigned the work. (Staff/Inmates training of all equipment) *Conduct random checks of work crews (rosters for inmates and staff) to ensure training has been conducted and training records for assigned staff and inmates are documented and are accessible. Provide a narrative description on areas reviewed, compliance level and accessible of records.)				
Provide site location and work reviewed/assessed:				
M. Overall Comments: (Advise of the level of sanitation for the facility/area as well as concerns and/or positive findings/results)				

If needed, provide photos of areas found in noncompliance and/or areas of concern.

Upon completion of the onsite inspection, the facility head signs, acknowledging a briefing was conducted. EHS will prepare and submit the completed form for plan of action development.

Signature of the Facility Head: _____ Date: _____

Follow up assessment by RFSQAC:

RFSQAC signature _____ Date: _____

Upon completion of the plans of action and reassessment by the RFSQAC, this form will be submitted to the Administrator of Food Service Operations.

Review by the Administrator of Food Service Operations or designee (date _____)

All significant areas of concern and/or repeat deficiencies are forwarded through the Chief Administrator to the affected division (Administrator of Institutions/Community Corrections and Contract Services).

PLAN OF CORRECTIVE ACTION RESPONSES

(Area left blank for any required plans of action.)

(Corrective Action Template)

Item Number	Area
<p>Description:</p> <p>Recommended Action:</p>	
<p>Describe Corrective Action Taken</p>	
<p>Action Taken to Prevent Recurrence</p>	