

DAILY SANITATION REPORT

Company Name: _____

Address: _____ **Certification #** _____

Date: _____

	TIME	TIME	Corrective Actions
	Pre-op	In-op	
1) Safety of Water-(Municipal Supply) Prevention of Back Siphonage-Hoses			
2) Condition and Cleanliness of equipment Machines			
Scale			
Storage Pallets			
Other			
3) Prevention of Cross-Contamination Hands washed			
Premises clean			
Boxes/Bags Stored Properly			
Employee Practices			
4) Maintenance of hand washing, toilet facilities Soap,Paper towels,			
Waste Receptacle			
Toilet clean, Functioning			
Toilet Paper on holder			
5) Protection from adulterants- Food not exposed to adulterants			
6) Labeling, Storage, use of toxic compounds			
7) Employee Health Employees do not show signs of illness			
8) Pest & Excluded			

INITIAL

S= Satisfactory U=Unsatisfactory