# Daily Sanitation Report

**Company Name:** ______________________________  
**Address:** ____________________________________  
**Certification #** ____________

**Date:** __________________________

<table>
<thead>
<tr>
<th>Time</th>
<th>Pre-op</th>
<th>In-op</th>
<th>Corrective Actions</th>
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</table>

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