

Restaurant Inspection Survival Kit

Health & Sanitation • Fire • Insurance & Safety

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THE
SEATTLE
RESTAURANT
S♦T♦O♦R♦E

IMPORTANT NOTICE ABOUT THESE CHECKLISTS

The checklists and advice in this booklet cover many of the items typically reviewed during health, fire, and insurance inspections. They can be used to help keep your establishment in compliance between inspections. **Health, safety, and fire regulations vary greatly between local jurisdictions.** Your location may be subject to rules that are different from, less than, or in addition to, the items on these checklists.

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This booklet is brought to you as a public service of



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Acknowledgements

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- Farmers Insurance Company
- Koorsen Fire & Security
- National Fire Protection Association
- National Restaurant Association
- Seattle - King County Department of Public Health
- Snohomish County Health District
- South Dakota Department of Health
- Tacoma - Pierce County Health Department
- Thurston County Department of Public Health & Social Services

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Surviving a restaurant inspection

Foodborne diseases cause an estimated 76 million illnesses in the U.S. each year. While it is difficult to know exactly how many illnesses result from eating restaurant food, the fact remains that more than 70 billion meals per year are purchased in restaurants in the United States and four in 10 Americans eat in restaurants on any given day. Therefore, preventing restaurant-associated foodborne disease is an important task of public health departments.

Of course, health inspections are just the beginning. Add to the list: fire inspections, insurance inspections, safety inspections, electrical inspections, plumbing inspections . . . Is it any wonder that restaurateurs sometimes feel like half their time is spent dealing with inspectors? Interestingly, public perception of health inspections far outpaces reality. While the [Washington Administrative Code](#) requires most restaurants to be inspected twice a year, a study published in the [American Journal of Preventive Medicine](#) showed that more than half of the respondents believed that restaurants were (or should be) inspected at least once a month.

While the prospect of inspections can be nerve-wracking, a little preparation and a program of continuous monitoring will relieve stress and help you achieve a good score.

BEFORE THE INSPECTION

1. **Study the table of health violations in this booklet.** On page 13, you'll find a list of all code violations uncovered by Seattle & King County Public Health from 2006-2018, sorted by frequency. While the list is based on Seattle data, it will give you a good idea of the problems health inspectors typically find when they visit an establishment. The most common violations include:
 - Improper holding temperatures
 - Sinks blocked or improperly supplied
 - Restrooms not fully stocked
 - Warewashing sinks/machines not checked for temperature or properly stocked with sanitizer
 - Inadequate handwashing procedures
2. **Review inspection reports of restaurants in your neighborhood.** Inspectors are usually assigned a particular geographic area, so this may help you determine the most common violations in and around your location. All county health authorities in Puget Sound post restaurant inspections online.
 - [King County restaurant inspections](#)
 - [Pierce County restaurant inspections](#)
 - [Snohomish County restaurant inspections](#)
 - [Thurston County restaurant inspections](#)
 - [Kitsap County restaurant inspections](#)
 - [Mason County restaurant inspections](#)
3. **Self-inspect regularly.** Keep copies of all official inspection reports and use that information to identify areas that might need special attention or warrant additional staff training. Use the self-inspection checklists in this booklet to spot weaknesses and correct them *before* the inspector finds them. Keep signed and dated copies of all self-inspections as these may come in handy when the inspector arrives, if only to demonstrate that food safety is a priority in your establishment.
4. **Keep all inspection records and related documents in one binder.** As a courtesy to the inspector (and to save *everyone's* time), identify the documents the inspector is likely to want to see and keep copies of them in a single binder, preferably filed in reverse chronological order and tabbed for easy reference. These include, but are not necessarily limited to:
 - Copies of Washington Food Worker cards for all employees who handle food
 - Copies of any other food safety certifications your facility has (e.g., National Restaurant Association ServSafe)
 - All permits and licenses for your establishment
 - Last four official inspection reports and at least six months of self-inspection reports
 - Pest control reports/receipts
 - Food invoices – shellfish tags
 - Repair receipts
 - Hazard Analysis and Critical Control Point (HACCP) plan (if applicable)
 - Maintenance and temperature logs since at least the last official inspection
 - Fire extinguisher maintenance reports

5. **Make sure your staff is trained in proper hygiene and food-handling procedures.** Start with clear job descriptions that outline exactly what you want your employees to do when it comes to food safety and have them sign a document stating that they fully understand what is expected from them. Just as important, make sure you have *current* copies of food worker cards for **all** employees who handle food.

DURING THE INSPECTION

Inspections are usually held at random, without notice, and can occur at *any* time during your establishment's posted operating hours – including late nights, early mornings, and weekends.

1. **Don't panic.** Be courteous, respectful, and pleasant. If you look like you're hiding something, the inspector may well conclude that you are. Make it clear that you understand the importance of the inspection and act like you welcome it (even it comes at an inconvenient time). If the inspector is not known to you, you should politely ask to see his or her credentials. If you're unsure of the credentials, call your local health department for verification. Unscrupulous individuals have been known to try passing themselves off as health inspectors, so train your employees to check identification before allowing anyone to enter the back of the house.
2. **Quietly and subtly let your kitchen staff know that an inspection is about to take place.** Introduce the inspector to employees in the front of the house and have a protocol in place whereby one of those staff members will quietly inform the kitchen. Avoid making this announcement obvious.
3. **Ask the inspector where he or she would like to start.** The owner, manager, or person in charge should stay with the inspector at all times during the inspection. ***Do not let the inspector wander around your facility unaccompanied.*** Bring a clipboard or pad and take notes as you and the inspector make the tour.
4. **Fix whatever can be fixed while the inspector is still on site.** Some inspectors will be willing to circle back to a violation if you say that it will be corrected during the inspection. This may or may not avoid recording the violation, but it may reduce the penalty, if there is one. It also demonstrates your "commitment to compliance."
5. **Go through the inspection report with the inspector.** Offer the inspector a quiet spot in which to write his or her report and be prepared to sit down and discuss the report in some detail. If you disagree with an inspector's assessment, ask how he or she arrived at that decision, and offer your interpretation of the regulations. However, **NEVER** be confrontational or get into an argument with the inspector. A calm discussion will often help you arrive at a mutually agreeable solution. If you give the inspector your full attention, he or she will usually give you time to explain a situation. This may work in your favor.
6. **Sign the report.** The inspector will ask you to sign the report and he or she will give you a copy. Signing the report only means that you acknowledge receiving a copy, not that you necessarily agree with the conclusions.
7. **You may offer the inspector a glass of water, *period*.** Anything more than that (e.g., food or chargeable beverages) might be construed as an attempt to influence the inspector's findings.

AFTER THE INSPECTION

1. **Share the results of the inspection with your staff.** Inform your employees of any violations and explain their importance. Determine why each violation occurred so you can try to avoid it in the future.
2. **Correct all violations as soon as possible.** If any compliance issues remain unresolved before the inspector leaves, fix them as soon as possible and notify the inspector in writing when corrective action is complete. Include copies of any supporting records or receipts that document the correction (e.g., repair bills).
3. **If you truly believe the inspector has been unfair, you can appeal his or her findings.** King County has an [online appeal form](#); otherwise contact your local health authority and request information on how to file an appeal. Most jurisdictions impose time limits on filing appeals (King County provides a 10-day window). Contact your local health authority for more information.

PART A: Health & Sanitation Self-Inspection Checklist

This checklist covers many of the items typically reviewed during a health inspection and can be used to help keep your establishment in compliance between inspections. **Inspection rules vary greatly between local jurisdictions.** Your location may be subject to rules that are different from, less than, or in addition to, the items on this checklist. This document is intended to provide general information only and should not be construed as legal advice. Contact your local health authority for specific guidance.

Inspection conducted by: _____ Date of inspection: _____

I. EMPLOYEE DRESS AND HYGIENE

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are employees wearing clean and proper uniforms, including proper closed-toe shoes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do employees wash their hands regularly using proper hand-washing techniques, especially after working with raw food, handling money, or switching between stations?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are gloves are changed at critical points?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are hair restraints are used, including covers for facial hair?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are fingernails short, unpolished, and clean?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is jewelry limited to watches, simple earrings, and plain rings?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are sores, cuts, or splints and bandages on hands completely covered while handling food?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are disposable tissues used and properly disposed of when coughing, sneezing, or blowing nose and do employees wash their hands afterward?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are eating, drinking, smoking, or chewing gum done only in designated areas, away from all preparation, service, storage, and warewashing areas?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are employees with illnesses or infections restricted from handling food and utensils?

II. DRY STORAGE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the storage unit clean and dry, between 50°F and 70°F or as specified in local regulations?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are surfaces, floors, and storage shelves clean and in good repair?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are food and paper supplies kept at least 6" off the floor?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all foods covered and labeled with name and delivery date?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have all bulging or leaking canned goods been removed from storage and disposed of properly?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is food stored and used in accordance with the First In, First Out (FIFO) method?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is food stored separately and away from personal items, chemicals, and cleaning supplies?

Health & Sanitation Self-Inspection Checklist

III. APPLIANCES AND LARGE EQUIPMENT

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are food slicers and grinders clean to sight and touch?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are food slicers/grinders sanitized before and after usage with potentially hazardous foods?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all other pieces of equipment clean to sight and touch, including serving lines, shelves, cabinets, ovens, ranges, fryers, and steam equipment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are exhaust hood and filters clean?

IV. REFRIGERATORS AND FREEZERS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are refrigeration and freezer units, including gaskets, clean and free of debris?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is thermometer placed in the warmest part of the unit and is the temperature accurate?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is refrigerator air temperature $\leq 38^{\circ}\text{F}$ or as specified in local regulations?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is freezer air temperature $\leq 0^{\circ}\text{F}$ or as specified in local regulations?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is all food properly wrapped or covered, labeled, and dated?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For walk-ins, is food stored at least 6" off the floor?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is food stored and used in accordance with the First In, First Out (FIFO) method?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are raw meats stored <i>below</i> other foods?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are foods kept completely away from unprotected condensation lines?

V. FOOD HANDLING

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is frozen food thawed under refrigeration or in cold running water?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do employees use gloves, clean hands, or utensils when handling food?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is food held in the "temperature danger zone" for <i>no more than</i> 4 hours?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is food tasted using proper method and utensils used only once between cleanings?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are utensils handled so as to avoid touching parts that will be in direct contact with food?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is food protected from cross-contamination?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is food heated to the correct temperature before being placed in the hot holding area?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are food prep sinks cleaned and sanitized before use?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are reusable wiping cloths stored in a sanitizing solution when not in use?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are separate cutting boards used for raw meat and other foods?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a metal food probe with a range of 0°F - 220°F available?

Health & Sanitation Self-Inspection Checklist

VI. UTENSILS AND SMALLWARES

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are smallwares, cutting boards, and work surfaces cleaned and sanitized between uses?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are thermometers washed and sanitized between uses?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the can opener clean to sight and touch and the blade free of debris or metal shavings?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are work surfaces, drawers, and racks clean to sight and touch?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are work surfaces washed and sanitized?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are smallwares inverted or covered between uses?

VII. HOT HOLDING

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the holding unit clean?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is food protected from contamination?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Before placing in hot holding, is food heated to 165°F or as specified in local regulations?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is food held above 140°F or as specified in local regulations?

VIII. CLEANING AND SANITIZING

For hand washing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a three-compartment sink properly set up with separate basins for washing, rinsing, and sanitizing?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the washing compartment use a clean detergent solution ≥110°F or as specified in local regulations?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the rinsing compartment use clean water ≥110°F or as specified in local regulations?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the sanitizing compartment use water ≥171°F or as specified in local regulations?

For machine washing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For heat sanitizing, is the final rinse temperature ≥180°F or as specified in local regulations?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For chemical sanitizing, is a test kit used to verify the proper dilution of chemicals?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is all equipment clean to sight and touch?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are service items allowed to air dry prior to storage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are service items stored in a covered area that is free from dust and contaminants?

Health & Sanitation Self-Inspection Checklist

IX. GARBAGE STORAGE AND DISPOSAL

YES NO N/A

- ☐ ☐ ☐ Are kitchen garbage cans clean and emptied as necessary?
- ☐ ☐ ☐ Are the loading dock and garbage area kept as clean as possible to discourage pests?
- ☐ ☐ ☐ Are all outside receptacles covered, closed, and emptied as necessary?
- ☐ ☐ ☐ Are boxes and containers removed from the site promptly?

X. PEST CONTROL

YES NO N/A

- ☐ ☐ ☐ Do all windows and doors have screens that are in good repair?
- ☐ ☐ ☐ If there is any evidence of pests, has the cause been identified and remedied?

ACTION ITEMS			
Assigned to	Date assigned	Date completed	Action needed

Food Establishment Inspection Report ► Form A

Business Name:				Operator:				Page of			
Address				City		ZIP		Email		Phone: ()	
General Health Record ID		P/E		Date		Time In		Office Time		Activity Time	
PR SR											

Red High Risk Factors													
High Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Circles indicate compliance status (IN, OUT, N/O, N/A) for each item.													
IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable CDI = corrected during inspection R = repeat violation													
Compliance Status				CDI	R	PTS	Compliance Status						
Demonstration of Knowledge						Potentially Hazardous Food Time/Temperature							
0100	IN OUT	PIC certified by accredited program, or compliance with Code, or correct answers			<input type="checkbox"/>	<input type="checkbox"/>	5	1600	IN OUT/N/A N/O	Proper cooling procedures	<input type="checkbox"/>	<input type="checkbox"/>	25
0200	IN OUT	Food Worker Cards current for all food workers; new food workers trained			<input type="checkbox"/>	<input type="checkbox"/>	5	1700	IN OUT/N/A N/O	Proper Hot Holding Temperatures (<135°F) between 130°F to 134°F	<input type="checkbox"/>	<input type="checkbox"/>	5
Employee Health													
0300	IN OUT	Proper ill worker and conditional employee practices; no ill practices workers present; proper reporting of illness			<input type="checkbox"/>	<input type="checkbox"/>	25	1800	IN OUT/N/A N/O	Proper cooking time and temperature; proper use of non-continuous cooking	<input type="checkbox"/>	<input type="checkbox"/>	25
Preventing Contamination by Hands													
0400	IN OUT	Hands washed as required			<input type="checkbox"/>	<input type="checkbox"/>	25	1900	IN OUT/N/A N/O	No room temperature storage; proper use of time as a control	<input type="checkbox"/>	<input type="checkbox"/>	25
0500	IN OUT/N/A N/O	Proper barriers used to prevent bare hand contact with ready to eat foods			<input type="checkbox"/>	<input type="checkbox"/>	25	2000	IN OUT/N/A N/O	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	15
0600	IN OUT	Adequate handwashing facilities			<input type="checkbox"/>	<input type="checkbox"/>	10	2100	IN OUT/N/A	Proper cold holding temperatures (>41°F) between 42°F to 45°F	<input type="checkbox"/>	<input type="checkbox"/>	5
Approved Source, Wholesome, Not Adulterated													
0700	IN OUT	Food obtained from approved source			<input type="checkbox"/>	<input type="checkbox"/>	15	2200	IN OUT N/A	Accurate thermometer provided and used to evaluate temperature of PHF	<input type="checkbox"/>	<input type="checkbox"/>	5
0800	IN OUT	Water supply, ice from approved source			<input type="checkbox"/>	<input type="checkbox"/>	15	Consumer Advisory					
0900	IN OUT/N/A N/O	Proper washing of fruits and vegetables			<input type="checkbox"/>	<input type="checkbox"/>	10	2300	IN OUT/N/A	Proper Consumer Advisory posted for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	5
1000	IN OUT	Food in good condition, safe and unadulterated; approved additives			<input type="checkbox"/>	<input type="checkbox"/>	10	Highly Susceptible Populations					
1100	IN OUT	Proper disposition of returned, previously served, unsafe, or contaminated food			<input type="checkbox"/>	<input type="checkbox"/>	10	2400	IN OUT/N/A	Pasteurized foods used as required; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	10
1200	IN OUT/N/A N/O	Proper shellstock identification; wild mushroom ID; parasite destruction procedures for fish			<input type="checkbox"/>	<input type="checkbox"/>	5	Chemical					
Protection from Cross Contamination													
1300	IN OUT/N/A N/O	Food contact surfaces and utensils used for raw meat thoroughly cleaned and sanitized. No cross contamination			<input type="checkbox"/>	<input type="checkbox"/>	15	Conformance with Approved Procedures					
1400	IN OUT/N/A N/O	Raw meats below or away from ready to eat food; species separated			<input type="checkbox"/>	<input type="checkbox"/>	5	2600	IN OUT/N/A	Compliance with risk control plans, variances, plan of operation; valid permit; approved procedures for non-continuous cooking	<input type="checkbox"/>	<input type="checkbox"/>	10
1500	IN OUT/N/A N/O	Proper handling of pooled eggs			<input type="checkbox"/>	<input type="checkbox"/>	5	2700	IN OUT/N/A	Variance obtained for specialized processing methods (e.g., ROP)	<input type="checkbox"/>	<input type="checkbox"/>	10

Service

128 ☐ Scheduled

129 ☐ Return

126 ☐ Fld PI Rvw

130 ☐ Complaint

133 ☐ Illness / Inj.

134 ☐ Permit Inv.

136 ☐ Field Educ.

127 ☐ Pre-Operat.

106 ☐ HACCP

☐ _____

Results

01 ☐ Satisfact

02 ☐ Unsatisfact.

03 ☐ Complete

04 ☐ Incomplete

☐ _____

Action

04 ☐ Suspend

07 ☐ Approved

10 ☐ Disapprv'd

26 ☐ Fol/up Rq'd

00 ☐ N/A

☐ _____

Blue Low Risk Factors													
Low Risk Factors are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods. Circled points indicate items not in compliance.													
				CDI	R	PTS							
Food Temperature Control						Utensils and Equipment							
2800	Food received at proper temperature			<input type="checkbox"/>	<input type="checkbox"/>	5	4000	Food and non-food surfaces properly used and constructed; cleanable			<input type="checkbox"/>	<input type="checkbox"/>	5
2900	Adequate equipment for temperature control			<input type="checkbox"/>	<input type="checkbox"/>	5	4100	Warewashing facilities properly installed, maintained, used; test strips available and used			<input type="checkbox"/>	<input type="checkbox"/>	5
3000	Proper thawing methods used			<input type="checkbox"/>	<input type="checkbox"/>	3	4200	Food – contact surfaces maintained, cleaned, sanitized			<input type="checkbox"/>	<input type="checkbox"/>	5
Food Identification													
3100	Proper labeling, signage			<input type="checkbox"/>	<input type="checkbox"/>	5	4300	Non-food – contact surfaces maintained and clean			<input type="checkbox"/>	<input type="checkbox"/>	3
Protection from Contamination						Physical Facilities							
3200	Insects, rodents, animals not present; entrance controlled			<input type="checkbox"/>	<input type="checkbox"/>	5	4400	Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains, no cross-connections			<input type="checkbox"/>	<input type="checkbox"/>	5
3300	Potential food contamination prevented during delivery, preparation, storage, display			<input type="checkbox"/>	<input type="checkbox"/>	5	4500	Sewage, wastewater properly disposed			<input type="checkbox"/>	<input type="checkbox"/>	5
3400	Wiping cloths properly used, stored; proper sanitizer			<input type="checkbox"/>	<input type="checkbox"/>	5	4600	Toilet facilities properly constructed, supplied, cleaned			<input type="checkbox"/>	<input type="checkbox"/>	3
3500	Employee cleanliness and hygiene			<input type="checkbox"/>	<input type="checkbox"/>	3	4700	Garbage, refuse properly disposed; facilities maintained			<input type="checkbox"/>	<input type="checkbox"/>	3
3600	Proper eating, tasting, drinking, or tobacco use			<input type="checkbox"/>	<input type="checkbox"/>	3	4800	Physical facilities properly installed, maintained, cleaned; unnecessary persons excluded from establishment			<input type="checkbox"/>	<input type="checkbox"/>	2
Proper Use of Utensils													
3700	In-use utensils properly stored			<input type="checkbox"/>	<input type="checkbox"/>	3	4900	Adequate ventilation, lighting; designated areas used			<input type="checkbox"/>	<input type="checkbox"/>	2
3800	Utensils, equipment, linens properly stored, used, handled			<input type="checkbox"/>	<input type="checkbox"/>	3	5000	Posting of permit; mobile establishment name easily visible			<input type="checkbox"/>	<input type="checkbox"/>	2
3900	Single-use and single-service articles properly stored, used			<input type="checkbox"/>	<input type="checkbox"/>	3							

Red Critical Points

Blue Points

Total Points

Person in Charge (Printed Name)	(Signature)
Regulatory Authority (Printed Name)	(Signature)

Seattle & King County Public Health Inspection Violations by Frequency, 2006-2018

This table lists violations in the Seattle & King County Public Health (KCPH) Food Establishment Inspection Database arranged from most frequent to least frequent citations. **Red entries are high risk factors.** **Blue entries are low risk factors.** Although we believe this information is useful for all restaurants, this data has been derived *solely* from KCPH and may not reflect the rules or inspection priorities of other jurisdictions. If you have any questions, you should contact the public health authorities for your location.

Code	Violation	Frequency
2110/20	Proper cold holding temperatures (>41° F) (combined score)	13.7%
0600	Adequate handwashing facilities	8.4%
3400	Wiping cloths properly used, stored; proper sanitizer	7.9%
0200	Food Worker Cards current for all food workers; new food workers trained	6.6%
3300	Potential food contamination prevented during delivery, preparation, storage, display	5.5%
4100	Warewashing facilities properly installed, maintained, used; test strips available and used	5.3%
4200	Food – contact surfaces maintained, clean, and sanitized	4.8%
4300	Non-food – contact surfaces maintained and clean.....	3.6%
1710/20	Proper hot holding temperatures (<135° F) (combined score)	3.3%
1400	Raw meats below and away from ready to eat food; species separated	3.2%
1600	Proper cooling procedures	3.2%
1900	No room temperature storage; proper use of time as a control.....	3.0%
3700	In-use utensils properly stored	2.8%
4800	Physical facilities properly installed, maintained, cleaned; unnecessary persons excluded from establishment	2.8%
2200	Accurate thermometer provided and used to evaluate temperature of PHF	2.6%
2900	Adequate equipment for temperature control.....	1.9%
3100	Proper labeling, signage.....	1.9%
2500	Toxic substances properly identified, stored, used	1.8%
0400	Hands washed as required	1.7%
4400	Plumbing properly sized, installed, maintained, used; proper backflow devices, indirect drains, no cross-connections	1.6%
3200	Insects, rodents, animals not present; entrance controlled.....	1.4%
0500	Proper barriers used to prevent bare hand contact with ready-to-eat foods.....	1.3%
3000	Proper thawing methods used	1.3%
4000	Food and non-food surfaces properly used and constructed; cleanable	1.3%
4900	Adequate ventilation, lighting; designated areas used	1.1%
2300	Proper Consumer Advisory posted for raw or undercooked foods.....	0.9%
1200	Proper shellstock ID; wild mushroom ID; parasite destruction procedures for fish.....	0.7%
2600	Compliance with risk control plans, variances, plan of operation; valid permit; approved procedures for non-continuous cooking	0.6%
2700	Variance obtained for specialized processing methods (e.g., ROP)	0.6%
1500	Proper handling of pooled eggs	0.5%
3900	Single-use and single-service articles properly stored, used	0.5%
1300	Food contact surfaces and utensils used for raw meat thoroughly cleaned and sanitized; no cross contamination	0.4%
2000	Proper reheating procedures for hot holding	0.4%
3600	Proper eating, tasting, drinking, or tobacco use	0.4%
3800	Utensils, equipment, linens properly stored, used, handled.....	0.4%
4700	Garbage, refuse properly disposed; facilities maintained	0.4%
5000	Posting of permit; mobile establishment name easily visible	0.4%
0100	PIC certified by accredited program or compliance with code, or correct answers.....	0.3%
0900	Proper washing of fruits and vegetables.....	0.3%
1000	Food in good condition, safe and unadulterated; approved additives	0.3%
1800	Proper cooking time and temperature; proper use of non-continuous cooking.....	0.3%
3500	Employee cleanliness and hygiene.....	0.2%
4600	Toilet facilities properly constructed, supplied, cleaned.....	0.2%
0700	Food obtained from approved source	0.1%
2800	Food received at proper temperature	0.1%
4500	Sewage, wastewater properly disposed	0.1%
0300	Proper ill worker and conditional employee practices; no ill workers present; proper reporting of illness	<0.1%
0800	Water supply, ice from approved source	<0.1%
1100	Proper disposition of returned, previously served, unsafe, or contaminated food	<0.1%
2400	Pasteurized foods used as required; prohibited foods not offered	<0.1%

Food Establishment Inspection Report

Page of



FOR OFFICE USE ONLY

EMAIL

NAME OF ESTABLISHMENT

ADDRESS OR LOCATION

CITY

MEALS SERVED B L D C O

PURPOSE OF INSPECTION

☐ ROUTINE ☐ PREOPERATIONAL ☐ REINSPECTION
☐ ILLNESS INVESTIGATION ☐ TEMPORARY ☐ COMPLAINT
☐ OTHER:

ESTABLISHMENT TYPE

RISK CATEGORY

MEALS OBSERVED B L D C O

DATE

TIME IN

ELAPSED TIME

TOTAL POINTS

RED POINTS

REPEAT RED

PHONE

RED HIGH RISK FACTORS

High Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Circles indicate compliance status (IN, OUT, N/O, N/A) for each item.

IN = In Compliance

OUT = Not In Compliance

N/O = Not Observed

N/A = Not Applicable

CDI = Corrected During Inspection

R = Repeat Violation

#	Compliance Status		CDI	R	PTS
Demonstration of Knowledge					
1	IN OUT	PIC certified by accredited program, or compliance with Code, or correct answers	<input type="checkbox"/>	<input type="checkbox"/>	5
2	IN OUT	Food worker cards current for all food workers; new food workers trained	<input type="checkbox"/>	<input type="checkbox"/>	5
Employee Health					
3	IN OUT	Proper ill worker and conditional employee practices; no ill workers present; proper reporting of illness	<input type="checkbox"/>	<input type="checkbox"/>	25
Preventing Contamination by Hands					
4	IN OUT N/O	Hands washed as required	<input type="checkbox"/>	<input type="checkbox"/>	25
5	IN OUT N/A N/O	Proper barriers used to prevent bare hand contact with ready to eat foods	<input type="checkbox"/>	<input type="checkbox"/>	25
6	IN OUT	Adequate handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>	10
Approved Source, Wholesome, Not Adulterated					
7	IN OUT	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	15
8	IN OUT	Water supply, ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	
9	IN OUT N/A N/O	Proper washing of fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	10
10	IN OUT	Food in good condition, safe, and unadulterated; approved additives	<input type="checkbox"/>	<input type="checkbox"/>	10
11	IN OUT	Proper disposition of returned, previously served, unsafe, or contaminated food	<input type="checkbox"/>	<input type="checkbox"/>	10
12	IN OUT N/A N/O	Proper shellstock ID; wild mushroom ID; parasite destruction procedures for fish	<input type="checkbox"/>	<input type="checkbox"/>	5
Protection from Cross Contamination					
13	IN OUT N/A N/O	Food contact surfaces and utensils used for raw meat thoroughly cleaned and sanitized; no cross contamination	<input type="checkbox"/>	<input type="checkbox"/>	15
14	IN OUT N/A N/O	Raw meats below or away from ready to eat food; species separated	<input type="checkbox"/>	<input type="checkbox"/>	5
15	IN OUT N/A N/O	Proper handling of pooled eggs	<input type="checkbox"/>	<input type="checkbox"/>	5

#	Compliance Status		CDI	R	PTS
Potentially Hazardous Food Time and Temperature					
16	IN OUT N/A N/O	Proper cooling procedures	<input type="checkbox"/>	<input type="checkbox"/>	25
17	IN OUT N/A N/O	Proper hot holding temperatures (5 pts if 130°F to 134°F)	<input type="checkbox"/>	<input type="checkbox"/>	25 (5)
18	IN OUT N/A N/O	Proper cooking time and temperature; proper use of non-continuous cooking	<input type="checkbox"/>	<input type="checkbox"/>	25
19	IN OUT N/A N/O	No room temperature storage; proper use of time as a control	<input type="checkbox"/>	<input type="checkbox"/>	25
20	IN OUT N/A N/O	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	15
21	IN OUT N/A	Proper cold holding temperatures (5 pts if 42°F to 45°F)	<input type="checkbox"/>	<input type="checkbox"/>	10 (5)
22	IN OUT N/A	Accurate thermometer provided and used to evaluate temperature of PHF	<input type="checkbox"/>	<input type="checkbox"/>	5
Consumer Advisory					
23	IN OUT N/A	Proper Consumer Advisory posted for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	5
Highly Susceptible Populations					
24	IN OUT N/A	Pasteurized foods used as required; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	10
Chemical					
25	IN OUT	Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>	10
Conformance with Approved Procedures					
26	IN OUT N/A	Compliance with risk control plan, variance, plan of operation; valid permit; approved procedures for non-continuous cooking	<input type="checkbox"/>	<input type="checkbox"/>	10
27	IN OUT N/A	Variance obtained for specialized processing methods (e.g., ROP)	<input type="checkbox"/>	<input type="checkbox"/>	10
Red Points					

BLUE LOW RISK FACTORS

Low risk factors are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods. Circled points indicate items not in compliance.

Food Temperature Control	CDI	R	PTS
28 Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	5
29 Adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	5
30 Proper thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	3
Food Identification			
31 Food properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	5
Protection from Contamination			
32 Insects, rodents, animals not present; entrance controlled	<input type="checkbox"/>	<input type="checkbox"/>	5
33 Potential food contamination prevented during delivery, preparation, storage, display	<input type="checkbox"/>	<input type="checkbox"/>	5
34 Wiping cloths properly used, stored; proper sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	5
35 Employee cleanliness and hygiene	<input type="checkbox"/>	<input type="checkbox"/>	3
36 Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	3
Proper Use of Utensil			
37 In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	3
38 Utensils, equipment, linens properly stored, used, handled	<input type="checkbox"/>	<input type="checkbox"/>	3
39 Single-use and single-service articles properly stored, used	<input type="checkbox"/>	<input type="checkbox"/>	3

Utensils and Equipment	CDI	R	PTS
40 Food and nonfood surfaces properly used and constructed; cleanable	<input type="checkbox"/>	<input type="checkbox"/>	5
41 Warewashing facilities properly installed, maintained, used; test strips available and used	<input type="checkbox"/>	<input type="checkbox"/>	5
42 Food-contact surfaces maintained, cleaned, sanitized	<input type="checkbox"/>	<input type="checkbox"/>	5
43 Nonfood-contact surfaces maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>	3
Physical Facilities			
44 Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains, no cross-connections	<input type="checkbox"/>	<input type="checkbox"/>	5
45 Sewage, wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	5
46 Toilet facilities properly constructed, supplied, cleaned	<input type="checkbox"/>	<input type="checkbox"/>	3
47 Garbage, refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	3
48 Physical facilities properly installed, maintained, cleaned; unnecessary person excluded from establishment	<input type="checkbox"/>	<input type="checkbox"/>	2
49 Adequate ventilation, lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	2
50 Posting of permit; mobile establishment name easily visible	<input type="checkbox"/>	<input type="checkbox"/>	2
Blue Points			

Use the following blank lines to write comments.

Person In Charge
(Signature)Person In Charge
(Print Name)

Date

Regulatory Authority
(Signature)Regulatory Authority
(Print Name)

Follow up Needed?

Yes

No

Page of



FOR OFFICE USE ONLY

EMAIL

NAME OF ESTABLISHMENT

ADDRESS OR LOCATION

CITY

MEALS SERVED	B	L	D	C	O
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PURPOSE OF INSPECTION

☐ ROUTINE

☐ PREOPERATIONAL

☐ REINSPECTION

ESTABLISHMENT TYPE

RISK CATEGORY

MEALS OBSERVED B L D C O

☐ OTHER:

== FEMTO STARK ==

■ **CONCLUSION**

DATE

TIME IN

ELAPSED TIME

TOTAL POINTS

RED POINTS

REPEAT RED

PHONE

TEMPERATURE OBSERVATIONS

Food

Location

Temp
(°F)

Food

Location

Temp
(°F)

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Item Description	Item Type	Item Status
1	Item 1 Description	Item 1 Type	Item 1 Status
2	Item 2 Description	Item 2 Type	Item 2 Status
3	Item 3 Description	Item 3 Type	Item 3 Status
4	Item 4 Description	Item 4 Type	Item 4 Status
5	Item 5 Description	Item 5 Type	Item 5 Status
6	Item 6 Description	Item 6 Type	Item 6 Status
7	Item 7 Description	Item 7 Type	Item 7 Status
8	Item 8 Description	Item 8 Type	Item 8 Status
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36	Item 36 Description	Item 36 Type	Item 36 Status
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82	Item 82 Description	Item 82 Type	Item 82 Status
83	Item 83 Description	Item 83 Type	Item 83 Status
84	Item 84 Description	Item 84 Type	Item 84 Status
85	Item 85 Description	Item 85 Type	Item 85 Status

Violations cited in this report must be corrected within the time frames specified.

Points

Comments

Person In Charge
(Signature)

Person In Charge
(Print Name)

Date _____

Regulatory Authority
(Signature)Regulatory Authority
(Print Name)

Follow up Needed?	
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Yes No

Page of



FOR OFFICE USE ONLY

EMAIL

NAME OF ESTABLISHMENT

ADDRESS OR LOCATION

	CITY
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MEALS SERVED	B	L	D	C	O
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PURPOSE OF INSPECTION

☐ ROUTINE

☐ PREOPERATIONAL

☐ REINSPECTION

ESTABLISHMENT TYPE

RISK CATEGORY

MEALS OBSERVED B L D C O

ILLNESS INVESTIGATION

☐ TEMPORARY☐ COMPLAINT☐ OTHER:

DATE _____

TIME IN

ELAPSED TIME

TOTAL POINTS

RED POINTS

REPEAT RED

PHONE

OBSERVATIONS AND CORRECTIVE ACTIONS	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
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97	98
99	100

Item Number	Item Description	Item Type	Item Status
1	Item 1 Description	Item 1 Type	Item 1 Status
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Violations cited in this report must be corrected within the time frames specified.

Points

Comments

Person In Charge
(Signature)

Person In Charge
(Print Name)

Date _____

Regulatory Authority
(Signature)Regulatory Authority
(Print Name)

Follow up Needed?

Yes

No

County Health/Food Safety Programs in Northwest Washington

COUNTY	WEBSITE	PHYSICAL ADDRESS	PHONE
Clallam	Food Safety	223 East 4 th Street Port Angeles, Washington	(360) 417-2258
Grays Harbor	Food Section	100 West Broadway, Suite 31 Montesano, Washington 98563	(360) 249-4222
Island	Food Program	1 NE 7 th Street Coupeville, Washington 98239	(360) 679-7350
Jefferson	Food Safety	1820 Jefferson Street Port Townsend, Washington 98368	(360) 385-9444
King	Food Protection	401 - 5 th Avenue, Suite 1100 Seattle, Washington 98104	(206) 263-9566
Kitsap	Food Safety	345 - 6 th Street, Suite 300 Bremerton, Washington 98337	(360) 728-2235
Mason	Food Program	415 North 6 th Street Shelton, Washington 98584	(360) 427-9670 x361
Pierce	Food Safety	3629 South "D" Street Tacoma, Washington 98418	(253) 798-6460
San Juan	Food Safety	145 Rhone Street Friday Harbor, Washington 98250	(360) 378-4474
Skagit	Public Health Food Safety	700 South 2 nd Street, Room 301 Mount Vernon, Washington 98273	(360) 336-0474
Snohomish	Food Safety	3020 Rucker Avenue, Suite 104 Everett, Washington 98201	(425) 339-5250
Thurston	Food Safety	412 Lilly Road Northeast Olympia, Washington 98506	(360) 867-2667
Whatcom	Food Safety	509 Girard Street Bellingham, Washington 98225	(360) 778-6000
All other	Washington State Department of Health - Food Safety Contacts		

PART B: Fire Self-Inspection Checklist

This checklist is intended to provide general information only and should not be construed as legal, regulatory, or loss prevention advice. **Fire codes vary greatly between jurisdictions.** Your location may be subject to regulations that are different from, less than, or in addition to, the items on this checklist. Contact your local fire department for specific guidance.

Inspection conducted by: _____

Date of inspection: _____

YES	NO	N/A	
I. LIFE SAFETY			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are exits clear of obstacles (i.e. trash, snow, supplies, etc.) and well lit?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are exit signs visible and lit?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do all emergency lights work? (Test for 30 seconds monthly.)
II. FIRE EXTINGUISHERS			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are extinguishers properly charged?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have extinguishers have been inspected by a manager/employee within the past 30 days?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all extinguishers mounted properly on walls, signed, with unobstructed access?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a Class K extinguisher available in the kitchen specifically for grease and oil fires?
III. SPRINKLER/ALARM SYSTEM			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the system has been professionally inspected within the last three months?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the system pressurized and the shut off valve accessible and in the open position?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the fire alarm system has been professionally inspected within the past year?
IV. EXHAUST HOOD/HOOD SUPPRESSION SYSTEM			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the system has been professionally inspected within the past six months?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the manual pull switch accessible and located away from cooking equipment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the hood last cleaned in accordance with the type of cooking and local fire code?
V. HOUSEKEEPING/MISCELLANEOUS			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the storage area contain as few combustibles as reasonably possible?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are stored items at least 18" from the ceiling (with sprinklers) or 24" (without sprinklers)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are pressurized cylinders (i.e. carbon dioxide) secured by chain or rope?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are extension cords <i>prohibited</i> (except for holiday lights or temporary use)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are flammable gases and liquids stored properly?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the dumpster located away from the building?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is combustible material located away from heating equipment (including hot water heaters)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are combustibles (i.e., cardboard boxes) stored away from cooking equipment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a metal sheet guard or at least 18" space between fryers and other cooking equipment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the floor, walls and hood adjacent to fryers and cooking equipment free of grease?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the building address clearly visible from the street?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the electrical panel easily accessible and properly marked?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all ceiling tiles are in place and not missing?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do all employees know how to use fire extinguishers and shut off the gas and electricity?

ACTION PLAN			
Assigned to	Date assigned	Date completed	Action needed

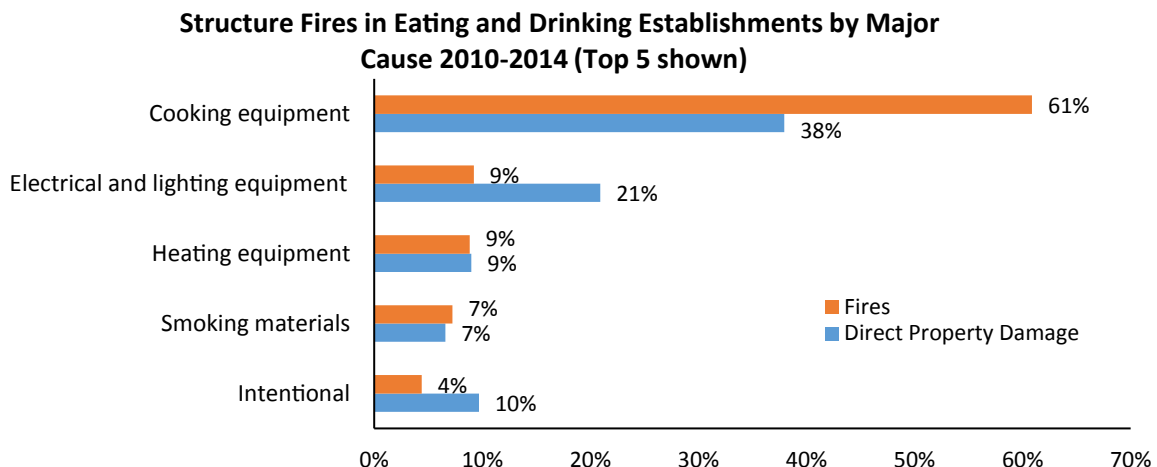


Structure Fires in Eating and Drinking Establishments Fact Sheet

During 2010-2014, an estimated average of 7,410 structure fires in eating and drinking establishments were reported to U.S. fire departments each year. These fires resulted in associated annual losses of:

- Three civilian deaths
- 110 civilian injuries
- \$165 million in property damage

Cooking equipment was the leading cause of fires in these properties, accounting for three out of five fires (61%) and 38% of direct property damage. Electrical distribution and lighting equipment was responsible for 9% of fires, but 21% of direct property damage, while heating equipment was responsible for 9% of fires and 9% of direct property damage. Smoking materials caused 7% of fires and 7% of direct property damage. Four percent of fires had an intentional cause, but these fires caused 10% of direct property damage.



- Deep fryers were involved in one of five fires (21%) and ranges or cooktops were involved in 14% of fires.
- Two-thirds (68%) of fires in eating and drinking establishments were small and did not spread beyond the object of origin.
- Cooking materials were the item first ignited in 43% of the fires in eating and drinking establishments.
- Failure to clean was a factor in 22% of the fires in these properties.

Source: Richard Campbell, *Structure Fires in Eating and Drinking Establishments*. Quincy, MA: National Fire Protection Association Research Group, 2017.

National Fire Protection Association

1 Batterymarch Park,
Quincy, Massachusetts 02169
www.nfpa.org | research@nfpa.org



Business Inspection Checklist

Address

- ☐ Property address must be clearly visible from the roadway (IFC2009 505.1)
- ☐ Electrical boxes, outlets and switches properly covered (IFC2009 605.6)
- ☐ Electrical panels properly covered and latched (IFC2009 605.6)
- ☐ Electrical panel accessible (min. 30" width, 78" height, 36" in depth) (IFC2009 605.3)
- ☐ Extension cords: temporary use only, no piggy backing of cords (IFC2009 605.5)
- ☐ Electrical multi-plug adapters: approved internal circuit breaker type only (IFC2009 605.4.1)

Electrical

- ☐ Electrical boxes, outlets and switches properly covered (IFC2009 605.6)
- ☐ Electrical panels properly covered and latched (IFC2009 605.6)
- ☐ Electrical panel accessible (min. 30" width, 78" height, 36" in depth) (IFC2009 605.3)
- ☐ Extension cords: temporary use only, no piggy backing of cords (IFC2009 605.5)
- ☐ Electrical multi-plug adapters: approved internal circuit breaker type only (IFC2009 605.4.1)

Exits

- ☐ Exit doors unlocked during business hours (IFC2009 1008.19.3)
- ☐ Exit ways free from obstructions and combustible storage (IFC2009 1030.2) Exit signs present at required exits (6" letters) (IFC2009 1011.5.1)
- ☐ Lighted exit signs operating properly (IFC2009 1011.5.2)
- ☐ No storage under unprotected exit stairways (IFC2009 315.2.4)
- ☐ Means of egress must be continuous and cannot be blocked (IFC2009 1003.6)
- ☐ Sufficient egress to meet occupant load is required (IFC2009 1004.1)

Extinguishers

- ☐ Minimum size 2A10BC extinguisher (IFC2009 906.3)
- ☐ Current State Fire Marshal approved inspection tag (NFPA [10])
- ☐ Properly mounted and accessible (height not < 4", nor > 5') (IFC2009 906.9)
- ☐ Correct number, type and size for the use or occupancy (IFC2009 906.3)
- ☐ Dry and wet chemical suppression systems inspected every 6 months (IFC2009 904.5.1/904.6.1)



Business Inspection Checklist

- ☐ Dispose of combustible waste (IFC2009 304.1)
- ☐ Exterior free of litter and weeds (IFC2009 304.1.1)
- ☐ Oily rags stored in approved containers (IFC2009 304.3.1)

Mechanical

- ☐ No combustibles stored in furnace or boiler room (IFC2009 315.2.3)
- ☐ Furnace, boiler, water heater, etc. are vented to prevent a fire hazard (IFC2009 603.6)
- ☐ Gas meter protected and accessible (IFC2009 603.9)

Smoking

- ☐ Prohibited in warehouse storage areas, other hazardous areas (IFC2009 310.2, 310.8)

Alarm and Sprinkler System (Where Required)

- ☐ Fire and life safety systems are maintained in an operable condition (IFC2009 907.2)
- ☐ Sprinkler shut off readily accessible (IFC2003 508.5.4)
- ☐ All storage 18" below sprinkler head level (IFC2009 315.2.1)
- ☐ Sprinkler systems shall be inspected and tagged annually (IFC2009 901.6.1)

Storage

- ☐ All flammable and combustible liquids to be stored appropriately (IFC2009 3404.3)
- ☐ Compressed gas cylinders must be secured from falling (IFC2009 3003.5.3)
- ☐ No combustible storage in unprotected attics or crawl spaces (IFC2009 315.2.4)
- ☐ Storage maintained 2' below the ceiling in non-sprinkler protected areas (IFC2009 315.2.1)

Structures

- ☐ All suspended ceiling panels in place (IFC2009 703.1)
- ☐ Required fire separation intact (IFC2009 703.1.3)

PART C: Insurance & Safety Self-Inspection Checklist

This checklist covers many of the items typically reviewed during an insurance and safety inspection and can be used to help keep your establishment in compliance between inspections. **Inspection rules vary greatly between local jurisdictions.** Your location may be subject to rules that are different from, less than, or in addition to, the items on this checklist. This document is intended to provide general information only and should not be construed as legal, regulatory, or loss-prevention advice. Contact your local public safety authority or insurance agent for specific questions.

Inspection conducted by: _____ Date of inspection: _____

YES	NO	N/A	I. DINING AREAS
-----	----	-----	-----------------

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is sufficient spacing between tables provided so that employees and customers can easily move about the dining area? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are floors clear of debris and moisture? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are gloves changed at critical points? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are floor coverings in good condition, free of slip or trip hazards? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all seating surfaces in good condition, without bent or broken legs or damaged seats? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are exits clearly marked? |

II. BAR

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the bar service area clear of debris and readily accessible to employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are kegs and other heavy items stored such that a minimal amount of bending is required? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is any broken glass or dishware present? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are non-slip mats or other slip resistant floor materials in use behind the bar? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are glasses and bottles stored securely such that they are unlikely to fall or break accidentally? |

III. WALK-IN COOLERS/FREEZERS

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the cooler sufficiently lit for safe work? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the door to the cooler open freely from the inside without key or special knowledge? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the area around the door to the cooler free of debris or obstruction? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are floors inside the cooler clean and dry? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is shelving within the cooler properly secured? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are shelves in the cooler overloaded? |

IV. COMPRESSED GAS STORAGE

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are cylinders legible marked to clearly identify the contents? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are cylinders stored in areas that are protected from external heat sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are cylinders located or stored in areas where they will not be damaged by passing or falling objects or tampered with by unauthorized persons? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are cylinders supported to prevent them from creating a hazard by slipping, falling or rolling? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are valve protectors/caps in place on cylinders that are not in use? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do gas cylinders display any corrosion, cracks, distortions, or other defects? |

Insurance & Safety Self-Inspection Checklist

YES	NO	N/A	V. KITCHEN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are knives properly stored to prevent accidental laceration?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all knives properly sharpened and clean?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is appropriate protective equipment provided for employees?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are nonslip mats present on floor surfaces that may become wet?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are working surfaces (tables, counters, etc.) at a comfortable height for workers?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is sufficient working space available for all prep work, cooking and cleaning?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all floor drains clear of debris?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is all kitchen machinery in good working order with recommended guards in place?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are warning signs posted near any potentially hazardous equipment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are floors clear of debris and moisture?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are aprons and protective gloves available to protect against burns and scalds?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are cooktops free of excess grease or other buildup?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are flammable materials and aerosols stored safely away from ignition sources?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a first aid kit available and adequately stocked?

VI. RECORDKEEPING

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are OSHA 300/300A logs maintained?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are employee medical, exposure, and training records maintained?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all operating permits and records up-to date?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are records kept of all safety inspections?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are records kept of accident investigations?

VII. WORKPLACE POSTINGS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are OSHA and state-required posters prominently displayed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are safety/warning signs properly posted where appropriate?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are emergency phone numbers posted prominently?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are emergency evacuation routes identified and prominently posted?

VIII. SECURITY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are windows and doors free of visual obstruction?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are cash registers centrally located with clear visibility to all areas of the premises?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is interior and exterior lighting sufficient?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are safe drops available to protect excess cash?

IX. MATERIAL HANDLING

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do employees carry loads in excess of 50 lbs by hand?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are mechanical means provided to carry heavy or awkward loads safely?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are aisles and pathways clear of debris and clearly marked?

Insurance & Safety Self-Inspection Checklist

YES	NO	N/A	X. HAZARD COMMUNICATIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all containers of hazardous substances labeled properly with the product identity and any applicable hazard warnings?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is proper PPE available when necessary to handle chemicals?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are flammable and toxic chemicals properly stored in closed containers when not in use?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are adequate means readily available for containing spills or overflows properly and safely?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a list of hazardous substances that are used in your workplace?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all Material Safety Data Sheets up to date and readily available?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are Heimlich Maneuver posters in plain view and employees trained, where required by law?

XI. EXIT ROUTES/STAIRWELLS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all exit routes marked as such and illuminated?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are doors, passageways or stairways that do not lead to exits properly marked as "NOT AN EXIT" or with an indication of its actual use?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all exits free from obstruction?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do all exit doors open from the inside without the use of a key, tool or any special knowledge?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are stairways clearly marked?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are stairwells well lit?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are handrails secure and in good repair?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are stairwell exit doors unlocked as appropriate?

XII. LADDERS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are non-slip feet intact on each ladder?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are ladder rungs and steps free from grease and oil?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do any ladders have broken or missing steps, rungs, or cleats, broken side rails, or other faulty equipment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are metal ladders legibly marked with signs cautioning against using them around electrical power sources?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are rungs of ladders uniformly spaced at 12", center to center

XIII. PARKING/SIDEWALKS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are paved surfaces smooth and free of large cracks or unevenness?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all surfaces free of ice and snow?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are parking spaces clearly marked and sufficiently sized?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are outdoor areas sufficiently lit at night?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are steps and ramps in good repair and free of obstructions?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are car stops painted in contrasting colors so they are clearly visible?

Insurance & Safety Self-Inspection Checklist

YES	NO	N/A	XIV. STORAGE AREAS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are shelves secured and constructed to withstand the maximum designated storage weight?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the maximum storage weight displayed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are shelves secured to prevent tipping or falling?

ACTION ITEMS

Assigned to	Date assigned	Date completed	Action needed