

FORM CL 002 Store: _____

DATE SPECIAL EVENT		WEATHER	NAME				
			AM:				
	FOOD HANDLING G	A FETY CHECKLIST	PM:				
FOOD HANDLING SAFETY CHECKLIST MORNING SHIFT							
PROPER HYGIENE		ONTAMINATION	CLEAN & SANITIZE				
Wear headgear to confine h			Counters and tables				
Wear clean uniform and apr		no nail polish	Food containers & utensils				
Trimmed nails		earing bandage	Garbage containers				
Hot & cold water supply	Clean and orga	nize work area	Garbage areas				
Soap & paper towel supply		nelf 15cm off ground	Walls and floors				
Wash hands thoroughly	Shelf: raw food	below cooked food	Washrooms				
Wash hands frequently		s properly covered	Sinks				
	Separate utens		Dirt under the machines				
	Chemicals shou		Air dry washed utensils				
		s away from food	Use clean cloth for tables				
PEST CONTROL		for hand washing	Test reagent/solution:				
Fill holes in walls and floors		ent in good repair	100ppm - utensils & dishes				
Check delivery for infestatio		om contamination	200ppm - large equipment				
Keep garbage areas clean	Dispose liquid v	vaste properly	200ppm - counter tops				
Store baits away from food			Clean vents, filters, hoods				
Label baits properly		PERATURE					
No nesting areas (boxes, et		·					
No water pooling on floor		meter in storage					
	Danger zone: 4	C-60C					
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