

Community Development Department Environmental Health Division 901 Wellington Ave.

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## **Self-Inspection Checklist**

| Date    |  |
|---------|--|
| Manager |  |
| Time    |  |

## BOLDED AND \*\* ITEMS INDICATE CRITICAL VIOLATIONS

| SOURCE   | YES | NO | COMMENTS |
|--|-----|----|----------|
| **Approved Source -Is the food from an approved source?                          |     |    |          |
| **Wholesome, sound condition -Is the food in a wholesome, sound condition? (Food |     |    |          |
| is free from spoilage, filth, dents, etc.)                                       |     |    |          |
| Is the food in the original container and properly labeled?                      |     |    |          |

| TEMPERATURE CONTROL   | YES | NO | COMMENTS |
|---|-----|----|----------|
| **PHFs meets <u>temperature requirements</u> (storage, preparation, display, holding, |     |    |          |
| service & transportation)   |     |    |          |
| **Ready-to-eat, PHFs <u>properly date marked, discarded after 7 days</u>              |     |    |          |
| **Foods properly cooked and/or reheated   |     |    |          |
| **Foods properly cooled   |     |    |          |
| **Facilities to maintain proper temperatures  |     |    |          |
| Thermometers <u>provided</u> and conspicuously <u>placed</u>                          |     |    |          |
| Potentially hazardous foods <u>properly thawed</u>                                    |     |    |          |

| TEMPERATURE CONTROL-Record temperatures (°F) | YES | NO | COMMENTS |
|--|-----|----|----------|
| Chiller(s) 41°F                              |     |    |          |
| Cooler(s) 41°F                               |     |    |          |
| Freezer(s) o°F                               |     |    |          |
| Walk-in cooler(s) 41°F                       |     |    |          |
| Walk-in freezer(s) o°F                       |     |    |          |
| Hot holding equipment >135°F                 |     |    |          |
| Cooked/reheated foods                        |     |    |          |
| Cooled foods                                 |     |    |          |

| FOOD PROTECTION   | YES | NO | COMMENTS |
|---|-----|----|----------|
| **Cross-contamination (equipment, personnel, during storage)                  |     |    |          |
| **Potential for cross-contamination (storage practices, damaged food          |     |    |          |
| segregated)   |     |    |          |
| **Unwrapped food not re-served  |     |    |          |
| Food protection during storage, preparation, display, service, transportation |     |    |          |
| Foods handled with minimum manual contact                                     |     |    |          |
| In-use food dispensing utensils properly stored                               |     |    |          |
|   |     |    |          |

| PERSONNEL  | YES | NO | COMMENTS |
|--|-----|----|----------|
| **Personnel with infections restricted                                   |     |    |          |
| **Hands washed, good hygienic practices                                  |     |    |          |
| **Proper hygienic practices, eating/drinking/smoking (only in designated |     |    |          |
| areas)   |     |    |          |
| Clean clothes, hair restraints   |     |    |          |
|  |     |    |          |

| FOOD EQUIPMENT AND UTENSILS   | YES | NO | COMMENTS |
|---|-----|----|----------|
| Food contact surfaces designed, constructed, maintained, installed, located     |     |    |          |
| Non-food contact surfaces designed, constructed, maintained, installed, located |     |    |          |
| Dishwashing facilities designed, constructed, operated                          |     |    |          |
| Thermometers, gauges, chemical test kits present                                |     |    |          |
| Equipment and utensils pre-flushed, scraped, soaked                             |     |    |          |
| Wash, rinse water clean, proper temperature                                     |     |    |          |
| **Sanitizing concentration (ppm)  |     |    |          |
| **Sanitizing temperature (°F)   |     |    |          |
| Wiping cloths clean, used properly, stored                                      |     |    |          |
| Food contact surfaces of equipment and utensils clean                           |     | ·  |          |
| Non-food contact surfaces clean   |     |    |          |
| Storage/handling of clean equipment, utensils                                   |     |    |          |

| SINGLE SERVICE ARTICLES                                  | YES | NO | COMMENTS |
|--|-----|----|----------|
| Single service items properly stored, handled, dispensed |     |    |          |
| Single service articles not re-used                      |     |    |          |

| WATER/SEWAGE/PLUMBING                                    | YES | NO | COMMENTS |
|--|-----|----|----------|
| **Water source safe, hot and cold under pressure         |     |    |          |
| **Sewage and waste water disposed properly               |     |    |          |
| Plumbing installed and maintained                        |     |    |          |
| **Cross-connections, back-siphonage, back-flow prevented |     |    |          |

| HAND WASHING FACILITIES  | YES | NO | COMMENTS |
|--|-----|----|----------|
| **Hand washing sinks installed, located, accessible                                |     |    |          |
| Toilet and lavatory facilities properly constructed, maintained, supplied, cleaned |     |    |          |

| GARBAGE AND SOLID WASTE DISPOSAL  | YES | NO | COMMENTS |
|---|-----|----|----------|
| Containers covered, adequate number, insect and rodent proof, emptied at proper |     |    |          |
| intervals, clean  |     |    |          |
| Outside storage area clean, enclosures properly constructed                     |     |    |          |

| INSECT AND RODENT | YES | NO | COMMENTS- Date of last pest control inspection |
|-------------------|-----|----|--|
| CONTROL           |     |    |  |
| **Presence of     |     |    |  |
| insects/rodents.  |     |    |  |
| ANIMALS           |     |    |  |
| PROHIBITED        |     |    |  |
| **Outer           |     |    |  |
| openings          |     |    |  |
| protected from    |     |    |  |
| insects, rodent   |     |    |  |
| proof             |     |    |  |

| FLOORS/WALLS/CEILINGS               | YES | NO | COMMENTS |
|-------------------------------------|-----|----|----------|
| Floors properly constructed, clean, |     |    |          |
| drained, covered                    |     |    |          |
| Walls, ceilings, and attached       |     |    |          |
| equipment constructed, clean        |     |    |          |
| Lighting provided as required.      |     |    |          |
| Fixtures shielded                   |     |    |          |
| Sufficient ventilation provided,    |     |    |          |
| equipment properly vented,          |     |    |          |
| systems maintained                  |     |    |          |

| OTHER AREAS AND OPERATIONS   | YES | NO | COMMENTS |
|--|-----|----|----------|
| Employee lockers provided, used, and clean   |     |    |          |
| **Toxic items properly stored  |     |    |          |
| **Toxic items labeled and used properly  |     |    |          |
| Premises maintained free of litter, unnecessary articles. Cleaning and maintenance |     |    |          |
| equipment properly stored, kitchen restricted to authorized personnel              |     |    |          |
| Complete separation from living/sleeping area, laundry                             |     |    |          |
| Clean and soiled linens segregated and properly stored                             |     |    |          |

| UNIFORM CHECKLST              | YES | NO | COMMENTS |
|-------------------------------|-----|----|----------|
| Clean aprons                  |     |    |          |
| Clean shirts                  |     |    |          |
| Appropriate shoes             |     |    |          |
| **Hair restraints             |     |    |          |
| **No hand and wrist jewelry   |     |    |          |
| **Clean, trimmed, filed nails |     |    |          |