

Kitchen Department Safety Checklist

Date: _____ Evaluator: _____

	Yes	No	Safe and Orderly Operating Conditions	Hazards/Comments	Action Item/Owner	Completion Date
1	<input type="checkbox"/>	<input type="checkbox"/>	Area(s) are clean and orderly			
2	<input type="checkbox"/>	<input type="checkbox"/>	There are no tripping hazards, wet spots, grease/oils, protruding objects, miscellaneous debris			
3	<input type="checkbox"/>	<input type="checkbox"/>	Permanent aisles/passageways, and doorways are clean of debris			
4	<input type="checkbox"/>	<input type="checkbox"/>	Unused equipment is kept in a safe and orderly manner including the "Loaner Pick-up" area			
5	<input type="checkbox"/>	<input type="checkbox"/>	Emergency exit, Warning and hazard signs s are correctly marked, visible, accessible, at a minimum width of 28 inches			
6	<input type="checkbox"/>	<input type="checkbox"/>	There is sufficient lighting and ventilation			
7	<input type="checkbox"/>	<input type="checkbox"/>	The noise level permits normal, working conversation and safe communications			
8	<input type="checkbox"/>	<input type="checkbox"/>	Wet/cleaned/waxed/ floors have proper signage			
9	<input type="checkbox"/>	<input type="checkbox"/>	Emergency eyewash stations are accessible and operational (15 seconds to eyewash for 15 minutes of continuous eye wash stream)			
10	<input type="checkbox"/>	<input type="checkbox"/>	Technicians are documenting that they flush essential eye-wash stations on a weekly basis			
11	<input type="checkbox"/>	<input type="checkbox"/>	Storage cabinets and shelves are secured			

	Yes	No	Fire Safety	Hazards/Comments	Action Item/Owner	Completion Date
1	<input type="checkbox"/>	<input type="checkbox"/>	The correct number of fire extinguishers clearly accessible; seals are intact			
2	<input type="checkbox"/>	<input type="checkbox"/>	The backs of inspection tags are initialed and dated by the person responsible for monthly checks			
3	<input type="checkbox"/>	<input type="checkbox"/>	There is an 18" minimum clearance below all fire sprinklers and ceiling lines			
4	<input type="checkbox"/>	<input type="checkbox"/>	Exits properly marked and accessible			

	YES	No	Earth quake Safety	Hazards/Comments	Action	Completion
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					Item/Owner	Date
1	<input type="checkbox"/>	<input type="checkbox"/>	All heavy objects are below 5 feet; all shelves below 7'6"			
2	<input type="checkbox"/>	<input type="checkbox"/>	Stored materials are stacked securely to prevent tipping, scattering, tripping			
3	<input type="checkbox"/>	<input type="checkbox"/>	Industrial/Electronic: Wheels on large machines/beds/gurney's can be properly locked			

	YES	No	Electrical Safety	Hazards/Comments	Action Item/Owner	Completion Date
	1 <input type="checkbox"/>	<input type="checkbox"/>	Power/Equipment cords are in good condition; no fraying and ground pins are in place			
	2 <input type="checkbox"/>	<input type="checkbox"/>	Access to electrical panels are clear (36" min)			

	YES	No	Chemical Storage	Hazards/Comments	Action Item/Owner	Completion Date
1	<input type="checkbox"/>	<input type="checkbox"/>	Cabinets and containers are properly labeled			
2	<input type="checkbox"/>	<input type="checkbox"/>	There are separate disposal areas for containers for trash, Bio-Hazard and other materials			
3	<input type="checkbox"/>	<input type="checkbox"/>	Flammables are stored in the appropriate cabinet(s); Spill kits, prevention and containment is provided in core work area			
4	<input type="checkbox"/>	<input type="checkbox"/>	Material Safety Data Sheets (MSDSs) are available for all hazardous substances present			

	YES	No	Hazardous Waste	Hazards/Comments	Action Item/Owner	Completion Date
1	<input type="checkbox"/>	<input type="checkbox"/>	There are appropriate disposal cans available, properly labeled with contents and date, and clearly marked Bio-hazard.			
2	<input type="checkbox"/>	<input type="checkbox"/>	Containers closed except when being filled or emptied			

	YES	No	Risks Unique to Your Department	Hazards/Comments	Action Item/Owner	Completion Date
1	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate carts are used when transporting trays			
2	<input type="checkbox"/>	<input type="checkbox"/>	Staff is following all cleaning processes and procedures			
3	<input type="checkbox"/>	<input type="checkbox"/>	Temperature Log is up to date			
4	<input type="checkbox"/>	<input type="checkbox"/>				
5	<input type="checkbox"/>	<input type="checkbox"/>				
6	<input type="checkbox"/>	<input type="checkbox"/>				