

# Food Safety Inspection Report

## General Information

Facility Name

Address

Date

Inspector Name

License No.

## Inspection Checklist

Item	Compliant	Non-Compliant	Comments
Food storage and labeling	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature control	<input type="checkbox"/>	<input type="checkbox"/>	
Personal hygiene of staff	<input type="checkbox"/>	<input type="checkbox"/>	
Cleaning and sanitation	<input type="checkbox"/>	<input type="checkbox"/>	
Pest control measures	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment maintenance	<input type="checkbox"/>	<input type="checkbox"/>	
Waste management	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

## Observations / Recommendations

Inspector Signature

Date

Manager Signature

Date

