

# Blank Restaurant Workplace Safety Checklist

Location:

Inspector Name:

Date:

## General Safety

Item to Inspect	Yes	No	Comments
Floors are clean and dry			
Exits are clear and easily accessible			
Chemicals properly labeled and stored			
First aid kit available and fully stocked			
Fire extinguishers present and inspected			

## Kitchen Safety

Item to Inspect	Yes	No	Comments
Knives and sharp tools stored safely			
Ventilation systems working properly			
Cooking surfaces clean and maintained			
Gloves and food handling equipment available			

## Employee Safety

Item to Inspect	Yes	No	Comments
Employees wearing proper uniforms and PPE			
Employee safety training completed			
Incident and accident log maintained			

## Additional Notes

Inspector Signature: \_\_\_\_\_  
Date: \_\_\_\_\_