



UNITED INDEPENDENT SCHOOL DISTRICT

SCHOOL HEALTH PROGRAM

SANITATION REVIEW FORM

SCHOOL _____ DATE _____

INSPECTED BY _____ TIME _____

FOOD SERVICE: LOCATION _____

I. PERSONNEL

_____	Clean Uniform worn.	Comment(s).
_____	Hair restraints worn.	_____
_____	Safe, appropriate shoes worn.	_____
_____	Clean fingernails.	_____
_____	External cover over street clothes (part time personnel).	_____
_____	Personnel with infection(s) restricted.	_____

II. SERVICE

_____	Area is clean.	Comment(s):
_____	Plastic gloves used appropriately.	_____
_____	Food handlers do not handle cash or vice versa	_____
_____	Food is covered as needed	_____
_____	Cold food kept cold	_____
_____	Hot food kept hot	_____
_____	Warmer at appropriate temperature.	_____

III. EQUIPMENT

_____	Equipment is clean.	Comment(s):
_____	Equipment is in working condition	_____

IV. WATER

_____	Running water available in food service area	Comment(s)
_____	Hot and cold water available	_____

V. OTHER

_____	Walls and ceilings are clear	Comment(s)
_____	Bathroom available	_____
_____	Hand washing/hand drying devices provided	_____
_____	Proper waste receptacle provided (with lid).	_____
_____	Proper lighting	_____