Restaurant Hygiene Inspection Form

Hygiene and food safety · Weekly

Inspection details

Business name

Date

Inspector

Shift

Kitchen and food

Question	Yes	No	Initials	Notes
Are cold room and refrigerator temperatures recorded?	☐	☐		
Are raw and cooked products kept separate?	☐	☐		
Are chopping boards and knives used according to their colour coding?	☐	☐		
Are the worktops, grill, and sink clean?	☐	☐		
Is food covered and stored above floor level?	☐	☐		
Are there no products past their use-by date on the shelves?	☐	☐		
Are oil and sauce containers closed and labelled?	☐	☐		
Does the handwashing station have soap, paper towels, and hot water?	☐	☐		
Does the waste bin have a lid, and is it not overfilled?	☐	☐		
Are there no signs of pests, with monitoring traps in place?	☐	☐		

Dining area, restroom, and employees

Question	Yes	No	Initials	Notes
Are tables, chairs, and menus clean?	☐	☐		
Is the floor dry and not slippery?	☐	☐		
Does the restroom have paper, soap, and a clean floor?	☐	☐		
Are ventilation and odour control adequate?	☐	☐		
Are employees wearing a hair covering or hat and a clean apron?	☐	☐		
Are dressings and gloves used where required?	☐	☐		
Is employee hygiene documentation on file?	☐	☐		
Are chemicals stored separately from food in a locked area?	☐	☐		
Are the emergency exit and fire extinguisher accessible?	☐	☐		

Deviation and work to resolve

Signature

Inspector signature

Chef signature

Date

This form is an educational checklist. It does not change your local authority, food registration, or occupational health and safety obligations. Confirm local requirements in writing.