Staff Hygiene Check Form

Hygiene and food safety · Daily

Shift details

Business name

Date

Shift

Checked by

Staff confirmation

Full name	Hair covering / hat	Apron clean	Hands / nails	Initials

Shared rules

Question	Yes	No	Initials	Notes
Are soap and paper towels available at the handwashing station?	☐	☐		
Are the rules on jewelry and nail polish being followed?	☐	☐		
Is any wound covered and protected with a glove?	☐	☐		
Was any employee showing signs of illness removed from service?	☐	☐		
Was the team checked for anyone missing a hygiene certificate?	☐	☐		

Person withheld from service and reason

Signature

Checker's signature

Chef's signature

Time

This form is a checklist for training purposes. It does not change your municipal, food registration, or occupational health obligations. Confirm local requirements in writing.