



*Greenfield Health Department
14 Court Square
Greenfield, MA 01301*



Public Health
Prevent. Promote. Protect.

Phone: 1-413-772-1404

Residential Kitchen Inspection Checklist

Time In: _____ Time out: _____ Date: _____

Name: _____

Address _____

Phone: _____

Owner: _____

Person in Charge: _____

Inspector: _____

_____ Serve Safe Food Management Training

_____ List of foods intended to be served

_____ List of ingredients for each food listed and labeled by weight

_____ Separate shelf or portion thereof within a refrigerator

_____ Food storage is dry, clean, and sanitary

_____ Food Contact surfaces smooth and in good repair

_____ Sanitizing methods appropriate

_____ Utensils Type: _____

_____ Surfaces Type: _____

_____ Three bay sink or tubs

_____ Dishwasher effectively removes soil from all surfaces

_____ Operator of dishwasher heat thermometer stickers or thermometer to read water temps.

_____ Records of temperature testings logged kept for thirty days (150°)

_____ Sufficient area for dish washing and draining.

_____ Pets kept out of cook areas, bowls and dishes not present

_____ Garbage receptacles are impervious and have covers.

_____ Hot water is available for all cleaning and sanitizing methods

_____ Water supply Town Private

_____ Sewer Town Private

Bathroom is supplied with the following:

_____ Hand sink

_____ Disposable hand towels

_____ Hand soap

_____ Thermometers available in all cooling units

_____ Metal stem-type thermometers available

_____ Area is insect and rodent proof

Comments: _____

Inspector Signature: _____ Date: _____

PIC Signature: _____ Date: _____

