Monthly Health and Safety Inspection Restaurant Checklist

Food & Hospitality

ACCIDENT RECORDS Was the total number of accidents reviewed monthly? No NA Were the records for maintenance available? Yes No NA **FIRST AID KIT** Were the first aid kits kept clean and adequately stocked? Yes No NA Was the register for the first aid updated completely? Yes No NA

GENERAL

Yes

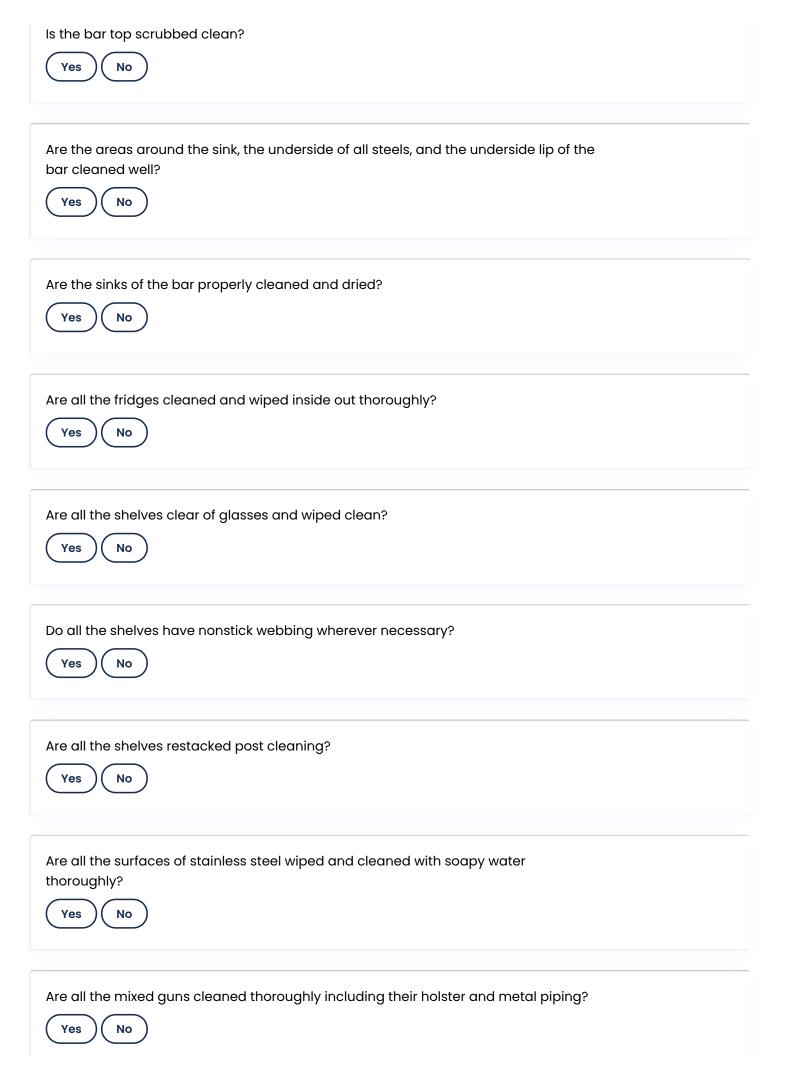
No

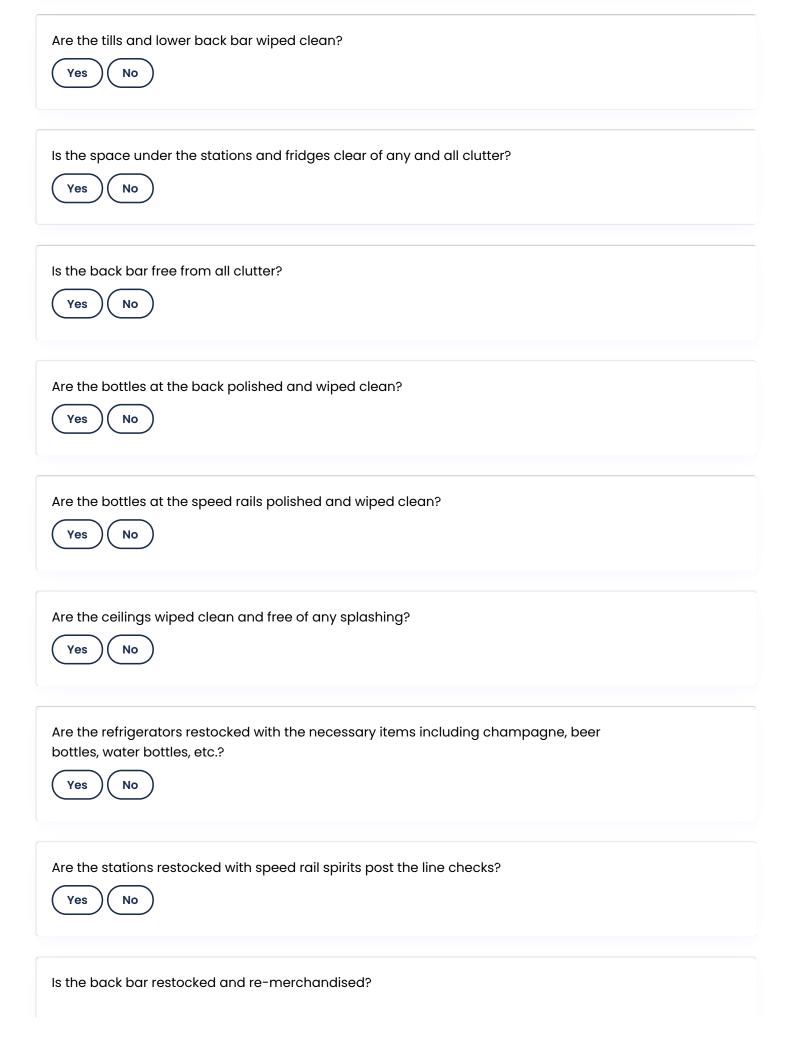
Is the floor behind the bar and under the stations moped clean?

Was a bandaging policy displayed in the store?

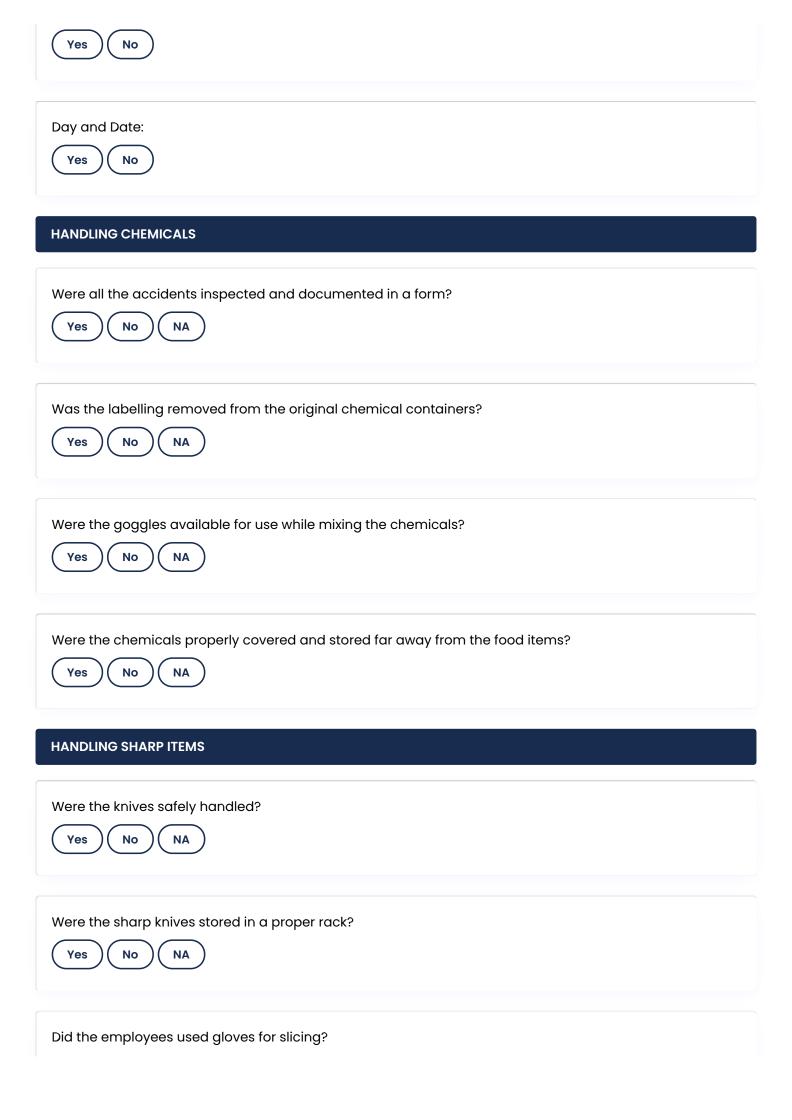
NA

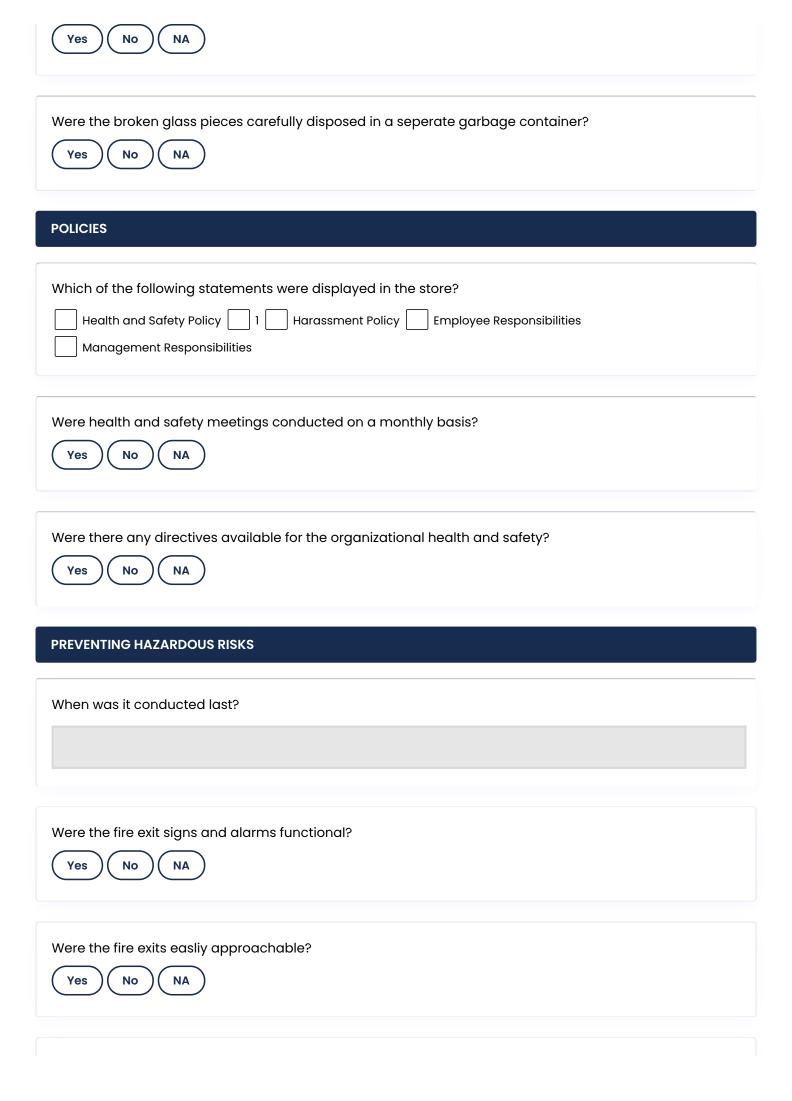


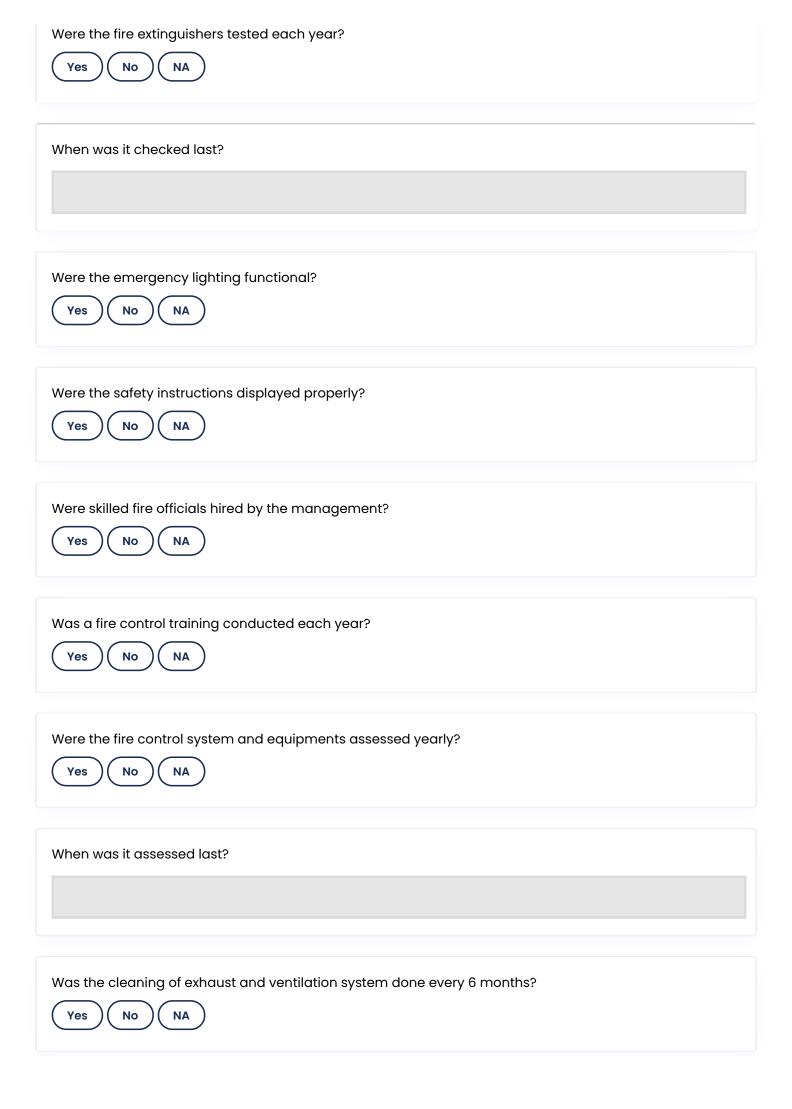


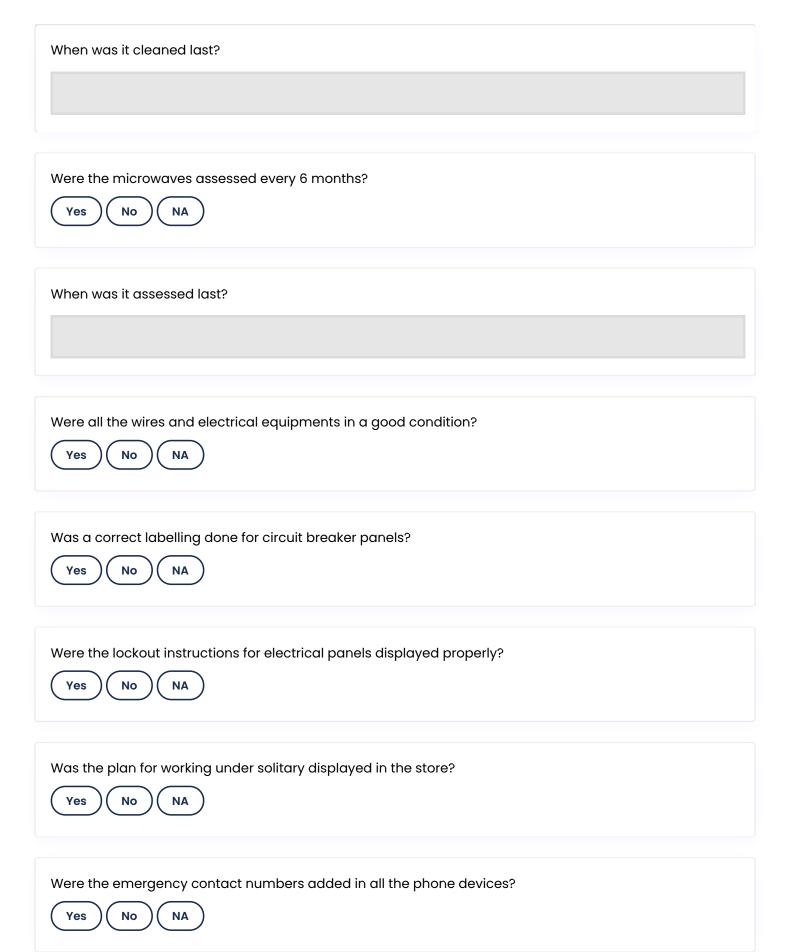


Yes No
Are all the bottles in the back bar facing at the front? Yes No
Is the bar equipment relaid for service? Yes No
Are the bar bins cleared? Yes No
Are the cleaning and mop buckets removed from the bar? Yes No
Are the straws and napkins restocked? Yes No
Any comments: Yes No
How satisfactory is the status of the bar? Yes No
Name of establishment Yes No
Name



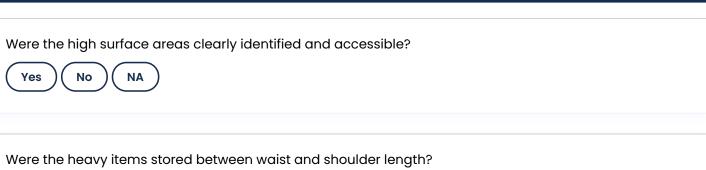


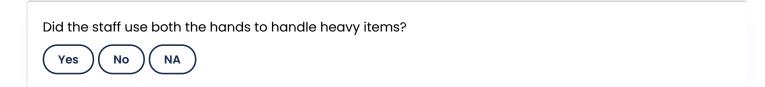




Was a proper plan of action for threats, power failures and robberies available and accessible?

Yes No NA
PREVENTING INJURIES
Were the high surface areas clearly identified and accessible?





Yes

No

NA



