

QSR – Critical Checklist

Food & Hospitality

GENERAL

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

☐ Yes☐ No

Is the bar top scrubbed clean?

☐ Yes☐ No

Are the areas around the sink, the underside of all steels, and the underside lip of the bar cleaned well?

☐ Yes☐ No

Are the sinks of the bar properly cleaned and dried?

☐ Yes☐ No

Are all the fridges cleaned and wiped inside out thoroughly?

☐ Yes☐ No

Are all the shelves clear of glasses and wiped clean?

☐ Yes☐ No

Do all the shelves have nonstick webbing wherever necessary?

☐ Yes☐ No

Are all the shelves restacked post cleaning?

Yes

No

Are all the surfaces of stainless steel wiped and cleaned with soapy water thoroughly?

Yes

No

Are all the mixed guns cleaned thoroughly including their holster and metal piping?

Yes

No

Are the tills and lower back bar wiped clean?

Yes

No

Is the space under the stations and fridges clear of any and all clutter?

Yes

No

Is the back bar free from all clutter?

Yes

No

Are the bottles at the back polished and wiped clean?

Yes

No

Are the bottles at the speed rails polished and wiped clean?

Yes

No

Are the ceilings wiped clean and free of any splashing?

Yes

No

Are the refrigerators restocked with the necessary items including champagne, beer bottles, water bottles, etc.?

Yes

No

Are the stations restocked with speed rail spirits post the line checks?

Yes

No

Is the back bar restocked and re-merchandised?

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

Yes

No

Day and Date:

Yes

No

MAINTENANCE AND HYGIENE

Were all the steps of hand washing properly followed?

Yes

No

NA

Was there a proper arrangement of sinks inside the restaurant?

Yes

No

NA

Were the health officer visits conducted timely?

Yes

No

NA

Was there an availability of hot water supply at the sinks?

Yes

No

NA

Was there a proper assessment done for product control in order to maintain food safety?

Yes

No

NA

Were the ice cream machines sanitized and kept in a hygienic condition?

Yes

No

NA

Were all the essential food ingredients labelled properly with the correct timeline of expiry?

Yes

No

NA

Were the food items handled properly in order to avoid contamination from one item to another?

Yes

No

NA

Was there a standard arrangement for cooking and eating food outdoors?

Yes

No

NA

Did you observe any pests or insects inside the restaurant?

Yes

No

NA

Did you observe any food safety risks?

Yes

No

NA

Were the products and equipments used in the restaurant clinically approved?

Yes

No

NA

Were all the sanitizer products properly arranged and used effectively?

Yes

No

NA

Please provide your signature

SIGNATURE