

# Galley & Food Storage Inspection Form

Date

Time

Inspected by

Location/Area

## Inspection Checklist

Item	Compliant	Non-compliant	Remarks
Floors Clean & Dry	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Surfaces (Tables, Counters) Clean	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Food Properly Stored & Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Refrigerator/Freezer Temperature Ok	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Pest Control Measures In Place	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Waste Disposal Area Clean	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Other Observations

Inspector's Signature