

Ship Galley Hygiene Audit Form

Date of Audit

Ship Name

Auditor Name

Galley Location

Audit Checklist

Item	Status (Yes / No / N/A)	Comments
Floors clean and free from debris	<input type="text"/>	<input type="text"/>
Work surfaces sanitized	<input type="text"/>	<input type="text"/>
Proper food storage (separation, labeling, temperatures)	<input type="text"/>	<input type="text"/>
Dishwashing equipment clean and operational	<input type="text"/>	<input type="text"/>
Personal hygiene (hand washing stations, use of gloves/hats)	<input type="text"/>	<input type="text"/>
Pest control evidence (no sightings, no droppings)	<input type="text"/>	<input type="text"/>
Proper waste disposal and bins managed	<input type="text"/>	<input type="text"/>

Additional Comments / Observations

Auditor Signature

Date Signed