

Cruise Ship Galley Hygiene Audit Form

Date: _____
Auditor Name: _____
Location/Galley: _____
Time: _____

1. Personal Hygiene

Check Item	Compliant	Non-Compliant	Remarks
Proper hand washing observed			
Clean uniforms & hair restraints			
Personal items not in prep areas			

2. Food Handling & Storage

Check Item	Compliant	Non-Compliant	Remarks
Food stored off the floor			
Raw & cooked foods separated			
Food items properly labeled			
Temperature controls in place			

3. Equipment & Utensils

Check Item	Compliant	Non-Compliant	Remarks
Utensils clean and sanitized			
Equipment free of food debris			
Cutting boards in good condition			

4. Galley Cleanliness

Check Item	Compliant	Non-Compliant	Remarks
Floors, walls & ceilings clean			
Waste disposal area maintained			
Sinks & drains free of blockages			

5. Pest Control

Check Item	Compliant	Non-Compliant	Remarks
No signs of pests in galley			
Pest traps checked regularly			

Additional Comments

Auditor Signature:

Date:
