

Galley Equipment Sanitation Checklist

Date:

Inspector Name:

EQUIPMENT/AREA	CLEANED	SANITIZED	COMMENTS
Ovens	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Refrigerators/Freezers	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Prep Counters	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Utensils	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Food Storage Areas	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Trash Bins	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

General Notes: