

Frozen Food Cold Chain Inspection Checklist

Inspection Details

Date	<input type="text"/>	Inspector Name	<input type="text"/>
Location / Facility	<input type="text"/>	Inspection Time	<input type="text"/>

Checklist

Inspection Item	Compliant	Comments
Temperature maintained at or below required level	<input type="text"/>	<input type="text"/>
Temperature monitoring device functioning	<input type="text"/>	<input type="text"/>
Packaging intact, no signs of thawing/refreezing	<input type="text"/>	<input type="text"/>
No visible contamination, leaks, or spills	<input type="text"/>	<input type="text"/>
Proper stock rotation (FIFO followed)	<input type="text"/>	<input type="text"/>
Delivery/holding times within safe limits	<input type="text"/>	<input type="text"/>

Additional Notes

Inspector Signature