

Childcare Center Food Handling Hygiene Form

Date:

Staff Name:

Room/Class:

Hand Washing Observations:

Before Food Prep	After Toilet Use	Before Serving Food	Other Times
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Food Storage Temperatures (if applicable):

Refrigerator (°C)	Freezer (°C)
<input type="text"/>	<input type="text"/>

Surface Cleaning & Sanitization Completed?

Comments:

Proper Food Handling Observed (eg. gloves, utensils):

Comments:

Any Concerns or Incidents?

Staff Signature: