

Street Food Stall Hygiene Audit Template

Stall Name

Date

Location

Auditor Name

Audit Area	Yes	No	Comments
Food handling with clean hands/gloves	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Use of clean utensils & equipment	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Proper food storage (off ground, covered)	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Presence of handwashing facility	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Stall and surroundings cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Proper disposal of waste	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Use of safe water and ice	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Additional Notes