

Food Vendor Compliance Audit Template

Vendor Information

Vendor Name

Location / Address

Audit Date

Auditor Name

Checklist

| Compliance Area | Yes | No | N/A | Comments |
|---|--------------------------|--------------------------|--------------------------|----------------------|
| Valid food handler permits displayed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Proper handwashing facilities available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Temperature controls for hot/cold foods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Food storage protected from contamination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Clean and sanitized preparation area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Pest control measures in place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

Non-Compliances & Corrective Actions

Describe any observed non-compliances and required corrective actions

Additional Notes