

Farmers Market Vendor Hygiene Assessment

Vendor Name

Stall Number / Location

Assessor Name

Date

Vendor Hygiene Checklist

Item	Yes	No	Notes
Clean clothing and appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hair is restrained (hat/hairnet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Clean hands and nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Handwashing station provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Gloves/aprons worn as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Eating/drinking away from stall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

General Comments

Signature