

Food Delivery Vehicle Sanitation Checklist

Date:

Time:

Vehicle ID/Plate:

Driver Name:

Inspector Name:

Sanitation Items

Checklist Item	Yes	No	N/A	Comments
Interior compartments clean and free of debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Exterior of vehicle clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Surfaces sanitized (handles, doors, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
No signs of pests (insects, rodents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Food transported is isolated from non-food items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Proper temperature maintained (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Cleaning supplies available & stored properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Spill kits present and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Notes / Corrective Actions

Inspector Signature:

Date: