

Hospital Kitchen Hygiene Audit

Hospital Name

Audit Date

Auditor Name

Audit Checklist

Item	Yes	No	Comments
Food storage areas clean and organized	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Refrigerators at correct temperature	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Hand washing facilities available and clean	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Food preparation surfaces sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Staff wearing appropriate uniforms and PPE	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Waste disposed correctly	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Pest control measures in place	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Overall Comments

Auditor Signature

