

Home Kitchen Inspection Self-Assessment Form

General Information

Your Name

Date

Address

Kitchen Cleanliness

☐ Countertops clean and sanitized ☐ Sink clean and clear of dishes ☐ Floors clean and free of debris ☐ Appliance surfaces clean

Food Storage

☐ Refrigerator is organized and clean ☐ Food items are properly covered/stored ☐ Expired food items are discarded ☐ Dry goods stored in sealed containers

Waste Management

☐ Waste bins covered and not overflowing ☐ Proper waste separation (recycling, compost, landfill)

Equipment & Utensils

☐ Equipment/utensils clean and well-maintained ☐ Utensils stored properly ☐ Knives and sharp items stored safely

Personal Hygiene

☐ Handwash station available ☐ Hands washed before food handling ☐ Hair restraint used as needed

Pest Control

☐ No visible signs of pests ☐ No open entry points for pests

Comments/Notes