

Food Safety Inspection Audit Evidence Form

General Information

Facility Name

Address

Inspector Name

Date of Inspection

Audit Checklist

Item	Compliant	Non-Compliant	Comments/Evidence
Food Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cleaning and Sanitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Pest Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Temperature Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Evidence/Notes

Inspector Signature

Date Signed

