

# Restaurant Kitchen Sanitation Audit Form

## General Information

Restaurant Name

Location

Auditor Name

Date

Time

Supervisor

## Audit Checklist

Item	Compliant	Non-Compliant	Comments
Floors & Walls Clean and Maintained	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Work Surfaces Sanitized	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Proper Food Storage (Temperature, Labeling, Separation)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Hand Washing Facilities (Soap, Towels, Signage)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Equipment Clean and Well Maintained	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Utensils Clean and Properly Stored	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Waste Disposal Area Clean and Covered	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Pest Control Measures in Place	<input type="radio"/>	<input type="radio"/>	<div></div>
--------------------------------	-----------------------	-----------------------	-------------



**Additional Notes**

**Auditor Signature**