

Food Safety Process Audit Checklist

General Information

Auditor Name	<input type="text"/>	Date of Audit	<input type="text"/>
Location	<input type="text"/>	Department/Area	<input type="text"/>

Checklist

Checklist Item	Compliant	Non-Compliant	Comments
Are food handlers wearing proper protective clothing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Is hand washing practiced and facilities available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Are raw and cooked foods stored separately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Is temperature control monitored and recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Are cleaning and sanitation procedures followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Are food contact surfaces clean and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Are waste materials properly disposed of?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Corrective Actions / Notes