

SITE INSPECTION CHECK LIST

DATE: _____ INSPECTION TYPE: _____ SS? Y N ZIP: _____ FACILITY NUMBER: _____ OWNER NUMBER: _____
FACILITY NAME: _____ E-MAIL: _____
FACILITY ADDRESS: _____ E-MAIL: _____
COMPANY / OWNER: _____ E-MAIL: _____
COMPANY / OWNER ADDRESS: _____ E-MAIL: _____
MAIL CONTACT: _____ TITLE: _____ PH: _____
SITE CONTACT: _____ TITLE: _____ PH: _____
INSPECTION CONTACT: _____ TITLE: _____

KITCHEN ___ OF ___

KITCHEN NAME: _____

I. PLUMBED FIXTURES (INCLUDING PLUMBED COOKING EQUIPMENT)

- 1. _____ COMPARTMENT SINK _____ D I
2. _____ COMPARTMENT SINK _____ D I
3. _____ COMPARTMENT SINK _____ D I
4. _____ COMPARTMENT SINK _____ D I
5. _____ COMPARTMENT SINK _____ D I
6. _____ COMPARTMENT SINK _____ D I
7. _____ COMPARTMENT SINK _____ D I
8. PRE-RINSE _____ DISPOSAL (DISHWASHER/POT SINK) D I
9. COMMERCIAL DISHWASHER D I
10. QUICK DRAIN (DISHWASHER/PRE-RINSE/POT SINK) D I
11. MOP SINK (FLOOR/WALL) D I
12. CAN WASH D I
13. _____ BURNER WOK RANGE D I
14. SOUP KETTLE/TILT SKILLET D I
15. _____ D I
16. _____ D I
17. _____ D I
18. _____ D I
19. _____ D I
20. _____ D I

DEEP FRYERS? Y N (IF YES, NEED SPILL PLAN) CHICKEN ROTISSERIE? Y N (IF YES, HOW DO THEY CLEAN DRIP PANS?)

II. KITCHEN COOKING EQUIPMENT ('N' FACILITIES ONLY)

- 1. MICROWAVE
2. TOASTER/TOASTER OVEN
3. CROCK POT/SOUP WARMER
4. MEAT SLICER/SAW
5. _____
6. _____
7. _____
8. _____

NOTES: _____

III. USED GREASE/OIL SEGREGATION:

- 1. RECYCLE BIN / BARREL
2. TRASH
3. NO USED GREASE / OIL
4. OTHER

IV. WASH DOWN:

- 1. FLOORS: _____ STORM DRAIN? Y N
2. MATS _____ STORM DRAIN? Y N
3. SIDEWALK / PATIO _____ STORM DRAIN? Y N

V. AREA CONDITIONS: PHOTOS: Y N

- 1. TRASH AREA: CLEAN? Y N
2. GREASE RECYCLE BARREL AREA: CLEAN? Y N
3. IF NO ON EITHER OF THE ABOVE, EXPLAIN _____

VII. SPECIFIC PERMIT CONDITIONS

- 1. INSTALL GRE ON _____ BY _____
2. REPAIR / REPLACE _____ BY _____
3. MANDATED GRE CLEANING FREQUENCY _____
4. STEAM KETTLE / TILT SKILLET CLEANING TO SEWER / GRE.
5. ENSURE WASH DOWN / MAT WASHING TO SEWER / GRE.
6. CONFINE USE OF _____ TO _____
7. CONFINE DISHWASHING TO SINKS CONNECTED TO GRE.
8. KEEP GRE MAINTENANCE RECORDS ON SITE.
9. MEAT / POULTRY PREP / DEFROSTING TO GRE.
10. WIPE _____
11. _____

VI. STORM DRAINS: PHOTOS: Y N

- 1. STORM DRAIN ACCESS NEAR ESTABLISHMENT: Y N
2. IF YES, CONDITION: _____

INSPECTOR INITIALS: _____

VIII. NEW / ADDITIONAL GRE REQUIRED ON:

REASON: _____

IX. GRE NOT REQUIRED BECAUSE FOOD PREP IS LIMITED TO:

X. REMARKS:

XI. GREASE REMOVAL EQUIPMENT:

GRE INSPECTION:

LOG / RECEIPTS AVAILABLE: Y N (LEFT LOG____) LOG / RECEIPTS AVAILABLE: Y N (LEFT LOG____)

GRE#: _____ GRE#: _____

SIZE: _____ FFF / GRADE / SEMI / VAULT SIZE: _____ FFF / GRADE / SEMI / VAULT

LOCATION: _____ LOCATION: _____

FIXTURES CONNECTED: _____ FIXTURES CONNECTED: _____

CONDITION: _____ CONDITION: _____

CLEANING FREQ.: _____ CLEANING FREQ.: _____

LAST CLEANED: _____ LAST CLEANED: _____

METHOD: _____ PUMPER NAME: _____ METHOD: _____ PUMPER NAME: _____

ENZYME/BACTERIA: _____ ENZYME/BACTERIA: _____

RECOMMENDATION / MANDATE: _____ RECOMMENDATION / MANDATE: _____

PROBLEMS FOUND: _____ PROBLEMS FOUND: _____

GRE INSPECTION:

LOG / RECEIPTS AVAILABLE: Y N (LEFT LOG____) LOG / RECEIPTS AVAILABLE: Y N (LEFT LOG____)

GRE#: _____ GRE#: _____

SIZE: _____ FFF / GRADE / SEMI / VAULT SIZE: _____ FFF / GRADE / SEMI / VAULT

LOCATION: _____ LOCATION: _____

FIXTURES CONNECTED: _____ FIXTURES CONNECTED: _____

CONDITION: _____ CONDITION: _____

CLEANING FREQ.: _____ CLEANING FREQ.: _____

LAST CLEANED: _____ LAST CLEANED: _____

METHOD: _____ PUMPER NAME: _____ METHOD: _____ PUMPER NAME: _____

ENZYME/BACTERIA: _____ ENZYME/BACTERIA: _____

RECOMMENDATION / MANDATE: _____ RECOMMENDATION / MANDATE: _____

PROBLEMS FOUND: _____ PROBLEMS FOUND: _____