

Personal Hygiene Checklist

Facility Name / Location

Date of Inspection

Inspector's Name

INSTRUCTIONS:

This checklist is designed to evaluate compliance with personal hygiene practices for food handlers in your facility. Carefully review each item and mark the corresponding checkbox to indicate compliance or note any observations and areas that require attention. Use the "Notes/Observations" section to provide additional details, necessary improvements, and any required follow-up.

HANDWASHING

Handwashing Facilities: Verify that handwashing facilities are readily available and properly equipped.

Yes No NA

Handwashing Procedure: Check that food handlers follow proper handwashing procedures.

Yes No NA

Frequency: Ensure that food handlers wash their hands at the required intervals.

Yes No NA

Observations / Notes /
Corrective actions, if any:

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Wearing PPE: Check that food handlers wear appropriate PPE, such as hairnets, gloves, and aprons.

Yes No NA

PPE Change: Ensure that PPE is changed and replaced when necessary.

Yes No NA

Proper Use: Verify that PPE is used correctly to prevent contamination.

Yes No NA

Observations / Notes /
Corrective actions, if any:

CLEAN CLOTHING AND UNIFORMS

Clean Clothing: Check that food handlers wear clean and suitable clothing.

Yes No NA

Uniform Policy: Ensure that the facility has a uniform policy and that it is followed.

Yes No NA

Protective Clothing: Verify that protective clothing is used when handling specific food items.

Yes No NA

Observations / Notes /
Corrective actions, if any:

PERSONAL HYGIENE BEHAVIORS

No Eating/Drinking: Check that food handlers do not eat or drink in food handling areas. Yes No NA

No Smoking: Ensure that smoking is prohibited in designated areas. Yes No NA

No Touching Face/Hair: Verify that food handlers avoid touching their face, hair, or other potential contaminants. Yes No NA

Observations / Notes /
Corrective actions, if any:

ILLNESS AND HEALTH

Reporting Illness: Check if food handlers report illnesses as per facility policy. Yes No NA

Sick Leave Policy: Ensure that there is a sick leave policy to prevent sick food handlers from handling food. Yes No NA

Hygiene Training: Verify that food handlers are trained to recognize symptoms of foodborne illnesses. Yes No NA

Observations / Notes /
Corrective actions, if any:

JEWELRY AND ACCESSORIES

Restrictions on Jewelry: Check that food handlers do not wear excessive or inappropriate jewelry. Yes No NA

No Artificial Nails: Ensure that food handlers do not wear artificial nails or nail enhancements. Yes No NA

Proper Use of Accessories: Verify that any necessary accessories are used safely and appropriately. Yes No NA

Observations / Notes /
Corrective actions, if any:

TRAINING AND AWARENESS

Personal Hygiene Training: Check that food handlers receive training on personal hygiene practices. Yes No NA

Knowledge Assessment: Ensure that food handlers are aware of the importance of personal hygiene in food safety. Yes No NA

Record of Training: Verify that training records are maintained and up to date. Yes No NA

Observations / Notes /
Corrective actions, if any:

ADDITIONAL NOTES / OBSERVATIONS

[Insert any additional notes or Personal Hygiene checklist observations made during the inspection]

STATEMENT OF INSPECTION

I hereby certify that I have conducted the above Personal Hygiene checklist and that the facility has been assessed for compliance with personal hygiene practices for food handlers. Any identified issues have been documented, and necessary improvements have been recommended.

Inspector's Name :

Date :

Signature :

APPROVED BY

Name :

Date :

Signature :