

Sanitation Standard Operating Procedures (SSOPs)

Facility Name / Location

Date of Inspection

Inspector's Name

INSTRUCTIONS:

This checklist is designed to evaluate compliance with the Sanitation Standard Operating Procedures (SSOPs) 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.

CLEANING PROCEDURES

Written Cleaning Procedures: Verify that written cleaning procedures are in place for various areas and equipment.

Yes No NA

Cleaning Frequency: Check if cleaning schedules are established and followed.

Yes No NA

Cleaning Records: Ensure that cleaning activities are documented and records are maintained.

Yes No NA

Observations / Notes /
Corrective actions, if any:

SANITIZATION PROCEDURES

Written Sanitization Procedures: Verify that written sanitization procedures are available.

Yes No NA

Sanitization Frequency: Check if sanitization schedules are established and followed.

Yes No NA

Sanitization Records: Ensure that sanitization activities are documented and records are maintained.

Yes No NA

Observations / Notes /
Corrective actions, if any:

PERSONAL HYGIENE PRACTICES

Employee Handwashing: Check if employees follow proper handwashing practices.

Yes No NA

Personal Protective Equipment (PPE): Verify that appropriate PPE is used and maintained.

Yes No NA

Illness Reporting: Ensure that employees report illnesses as per facility policies.

Yes No NA

Observations / Notes /
Corrective actions, if any:

PEST CONTROL

Pest Control Measures: Verify that effective pest control measures are in place. Yes No NA

Pest Control Records: Ensure that pest control activities are documented and records are maintained. Yes No NA

Pest Sightings: Check if any pest sightings have been recorded and addressed. Yes No NA

Observations / Notes /
Corrective actions, if any:

WASTE MANAGEMENT

Waste Disposal: Check if waste is disposed of properly and in a timely manner. Yes No NA

Waste Containers: Verify that waste containers are labeled and appropriately managed. Yes No NA

Waste Handling: Ensure that waste handling practices comply with regulations. Yes No NA

Observations / Notes /
Corrective actions, if any:

CHEMICAL HANDLING

Chemical Storage: Verify that chemicals are stored in designated areas and properly labeled. Yes No NA

Chemical Usage: Check if chemicals are used following safety guidelines. Yes No NA

Chemical Records: Ensure that chemical usage and inventory records are maintained. Yes No NA

Observations / Notes /
Corrective actions, if any:

ALLERGEN CONTROL

Allergen Identification: Verify that allergens are properly identified in the facility. Yes No NA

Allergen Cleaning: Check if proper cleaning procedures are followed to prevent cross-contamination. Yes No NA

Allergen Labeling: Ensure that allergen labels are accurate and prominently displayed. Yes No NA

Observations / Notes /
Corrective actions, if any:

TRAINING AND RECORDS

Sanitation Training: Check that personnel involved in sanitation receive appropriate training.

Yes No NA

Training Records: Verify that training records are maintained and up to date.

Yes No NA

Record Keeping: Ensure that all relevant sanitation records are maintained.

Yes No NA

Observations / Notes /
Corrective actions, if any:

ADDITIONAL NOTES / OBSERVATIONS

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

STATEMENT OF INSPECTION

I hereby certify that I have conducted the above SSOPs checklist and that the facility has been assessed for compliance with Sanitation Standard Operating Procedures. Any identified issues have been documented, and necessary improvements have been recommended.

Inspector's Name :

Signature :

Date :

APPROVED BY

Name :

Signature :

Date :