

Temperature Control Checklist

Facility Name / Location

Date of Inspection

Inspector's Name

INSTRUCTIONS:

This checklist is designed to evaluate compliance with temperature control procedures 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.

REFRIGERATION AND FREEZER UNITS

Temperature Recording: Check if temperatures of refrigeration and freezer units are recorded regularly.

Yes

No

NA

Temperature Range: Verify that the temperatures are within the specified range for different food items.

Yes

No

NA

Calibration: Ensure that temperature monitoring devices are calibrated and accurate.

Yes

No

NA

Observations / Notes /
Corrective actions, if any:

FOOD STORAGE AREAS

Temperature Monitoring: Verify that temperatures of food storage areas are monitored and recorded.

Yes

No

NA

FIFO (First-In-First-Out): Check if proper stock rotation practices are followed to maintain food freshness.

Yes

No

NA

Ambient Temperature: Ensure that the ambient temperature of storage areas is controlled as required.

Yes

No

NA

Observations / Notes /
Corrective actions, if any:

FOOD PREPARATION

Cooking Temperatures: Check that food items are cooked to the required internal temperatures.

Yes

No

NA

Holding Temperatures: Verify that hot food items are held at the appropriate holding temperature.

Yes

No

NA

Cooling Procedures: Ensure that food cooling procedures are followed to prevent bacterial growth.

Yes

No

NA

Observations / Notes /
Corrective actions, if any:

TRANSPORTATION AND DELIVERY

- Temperature Checks: Verify that temperatures of transported food items are monitored during transit. Yes No NA
- Temperature Maintenance: Check if temperature-controlled vehicles are used for perishable goods. Yes No NA
- Delivery Timing: Ensure that food deliveries are made within specified timeframes. Yes No NA

Observations / Notes /
Corrective actions, if any:

HOT AND COLD HOLDING

- Hot Holding: Verify that hot food items are held above the minimum required temperature. Yes No NA
- Cold Holding: Check that cold food items are kept below the maximum required temperature. Yes No NA
- Holding Time: Ensure that food items are not held in the danger zone for prolonged periods. Yes No NA

Observations / Notes /
Corrective actions, if any:

TEMPERATURE RECORDS

- Record Keeping: Verify that temperature records are properly maintained and accessible. Yes No NA
- Retention Period: Check if temperature records are retained for the required duration. Yes No NA
- Review of Records: Ensure that temperature records are periodically reviewed for trends and compliance. Yes No NA

Observations / Notes /
Corrective actions, if any:

EMERGENCY TEMPERATURE CONTROL PROCEDURES

- Contingency Plans: Check if contingency plans are in place for temperature-related emergencies. Yes No NA
- Power Outage: Ensure that procedures are in place to handle power outages affecting temperature controls. Yes No NA
- Non-Compliance: Verify that corrective actions are taken if temperatures deviate from the required range. Yes No NA

Observations / Notes /
Corrective actions, if any:

TRAINING AND AWARENESS

Staff Training: Check that personnel involved in food handling receive training on temperature control procedures.

Yes No NA

Temperature Awareness: Ensure that all relevant staff members are aware of the importance of temperature control.

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 Temperature Control checklist observations made during the inspection]

STATEMENT OF INSPECTION

I hereby certify that I have conducted the above Temperature Control checklist and that the facility has been assessed for compliance with temperature control procedures. Any identified issues have been documented, and necessary improvements have been recommended.

Inspector's Name :

Signature :

Date :

APPROVED BY

Name :

Signature :

Date :