

KITCHEN INSPECTION CHECK LIST

Name: _____

Date: _____

Tenant Company: _____

Time: _____

Please comment on any areas that you find inadequately cleaned – Indicate Unit #: _____

Counters & Walls:

Other:

Counters _____

Walls _____

Floors _____

Tables _____

Shelves _____

Equipment:

Other:

Ovens _____

Stoves _____

Braising Pans _____

Tilt Kettle(s) _____

Mixer(s) – Large _____

Small _____

Proofer _____

Scales _____

Slicer _____

Can Opener _____

Robo Coupe _____

Refrigerator _____

Walk-in _____

Other items _____

Additional Comments _____

Dishwashing Area / Mop Room:

Other:

Sinks/Stainless Steel _____

Dishwasher screens _____

Dishwasher top & sides _____

Floor _____

Mop bucket _____

Trash Cans _____

Additional Comments _____

Storage Area(s):

Other:

Supplies Stacked on Floor _____

Supply Storage Cupboard(s) _____

Additional Comments _____

Date: _____ Time: _____

Signature: _____

Inspection:

_____ Pass _____

_____ Fail _____

Penalty Charge: \$20.00 x _____ hrs. = \$ _____

Kitchen Manager: _____