

## Daily Sanitation Report

Facility Name and Location \_\_\_\_\_

Date \_\_\_\_\_

PRODUCT											
DATE											
TIME											
SANITATION CONDITIONS	Pre-Op	Post-Op	Pre-Op	Post-Op	Pre-Op	Post-Op	Pre-Op	Post-Op	Pre-Op	Post-Op	Corrective Action
1. Water Safety											
2. Cleanliness and Condition of Food-Contact Surfaces _____ _____ _____											
3. Prevention of Cross Contamination											
4. Maintenance of Handwashing and Toilets											
5. Protection from Adulterants											
6. Labeling, Storage and Use of Toxic Compounds											
7. Employee Health Conditions											
8. Pest /Pet Control											
Employee's Initials:											

**Reviewed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** Records shall be reviewed weekly by an individual other than the person making the record, if available.