

FOOD HYGIENE ASSESSMENT CHECKLIST

Name of Premise:

Checked By (Name):

Date & Time of Check:

A	Personal Hygiene	Please tick accordingly			Remarks
		Yes	No	N.A.	
1	Food handlers are fit for work and show no symptoms of illness (e.g. diarrhoea and vomiting).				
2	Clean clothes or aprons are worn during food preparation and food service.				
3	Ensure no jewellery is worn.				
4	Hair is kept tidy and covered with clean caps or hair nets where appropriate.				
5	Fingernails are short, clean, unpolished and without nail accessories.				
6	Sores, wounds or cuts on hands, if any, are covered with waterproof and brightly-coloured plaster.				
7	Hands are washed thoroughly with soap and water frequently and at appropriate times.				
8	Food is handled with clean utensils and gloves.				
9	Disposable gloves are changed regularly and/ or in between tasks.				

FOOD HYGIENE ASSESSMENT CHECKLIST

Name of Premise:

Checked By (Name):

Date & Time of Check:

B	Receiving	Please tick accordingly			Remarks
		Yes	No	N.A.	
1	Receiving area is clean and free of food debris, boxes and other refuse.				
2	Food supplies are obtained from licensed or approved sources.				
3	Incoming food supplies are visually inspected upon receipt.				
4	Incoming chilled and frozen products arrived at appropriate temperature.				
5	Raw and ready-to-eat food are well separated and properly contained.				
6	All food supplies are promptly moved to proper storage areas.				

FOOD HYGIENE ASSESSMENT CHECKLIST

Name of Premise:

Checked By (Name):

Date & Time of Check:

C	Food Storage Area	Please tick accordingly			Remarks
		Yes	No	N.A.	
1	Food storage area is clean, free of pests, dry, well-ventilated and in good state of repair.				
2	Dry goods (e.g. canned food and drinks) and other food items are stored neatly on shelves, off the floor (at least 150mm) and away from walls.				
3	Food is protected from contamination; packaging is intact and no products are found with signs of spoilage.				
4	Food packaging and storage containers are properly labelled, indicating the content and date of expiry.				
5	Proper stock rotation system such as the First-Expired-First-Out (FEFO) system is used for inventory management.				
6	Non-food items (e.g. insecticides, detergents and other chemicals, tables, chairs) are not stored together with the food items.				
7	Personal belongings are kept separately in the staff locker area or cabinet, away from the food storage area.				

FOOD HYGIENE ASSESSMENT CHECKLIST

Name of Premise:

Checked By (Name):

Date & Time of Check:

D	Cold Storage	Please tick accordingly			Remarks
		Yes	No	N.A.	
1	Freezers and chillers are maintained at the correct temperature: chiller 0°C to 4°C; and freezer not above -12°C.				
2	Freezers and chillers are kept clean and well-maintained.				
3	Food storage units are not overstocked to allow good air circulation.				
4	For walk-in freezers and chillers, food items are stored neatly on shelves and off the floor.				
5	Food items are properly wrapped/ covered in proper containers and properly labelled, indicating the content and date of expiry.				
6	Proper stock rotation system such as the First-Expired-First-Out (FEFO) system is used for inventory management.				
7	Cooked / ready-to-eat food are stored above raw food.				
8	Temperatures of the freezers and chillers are monitored with a functioning and calibrated thermometer.				

FOOD HYGIENE ASSESSMENT CHECKLIST

Name of Premise:

Checked By (Name):

Date & Time of Check:

E	Food Preparation	Please tick accordingly			Remarks
		Yes	No	N.A.	
1	Food preparation area is clean, free of pests and in good state of repair.				
2	All doors or windows at open product areas are closed during food preparation				
3	Hand washing facilities are easily accessible, in good working condition and soap is provided.				
4	Food is not prepared on the floor, near drain or near/ in toilet.				
5	Ingredients used are clean and washed thoroughly before cooking.				
6	Frozen food is thawed in chiller, microwave or under running water.				
7	Proper work flow and segregation of areas with no criss-crossing between raw and cooked / ready-to-eat food areas.				
8	Proper separation of cooked food / ready-to-eat food, raw meat, seafood and vegetable to avoid cross-contamination.				
9	Different chopping boards, knives and other utensils are used for cooked / ready-to-eat and raw food.				

FOOD HYGIENE ASSESSMENT CHECKLIST

Name of Premise:

Checked By (Name):

Date & Time of Check:

10	Food is cooked thoroughly to the required core temperature.				
11	Food is cooled rapidly before refrigeration.				
12	Ice machine is kept clean and well-maintained.				
13	Only ice is stored in the ice machine to prevent contamination of the ice.				
14	Equipment, exhaust hood, crockery and utensils are kept clean and well-maintained.				
15	Dirty / soiled equipment, crockery and utensils are washed immediately after use.				
16	Equipment, crockery and utensils are not chipped, broken or cracked.				
17	Adequate number of covered refuse pedal bins are available and refuse is properly managed and disposed.				
18	Refuse bins are properly lined with plastic bags and covered at all times.				
19	Refuse is properly bagged before disposing it at the waste disposal area / bin centre.				

FOOD HYGIENE ASSESSMENT CHECKLIST

Name of Premise:

Checked By (Name):

Date & Time of Check:

20	Only food grade lubricant is to be used on direct food contact surfaces				
21	No use of toxic rodent baits in food preparation area				
22	No insect expelled type of fly killing device is used in the food preparation area				
23	No eating, smoking or unhygienic practices in food preparation area				

FOOD HYGIENE ASSESSMENT CHECKLIST

Name of Premise:

Checked By (Name):

Date & Time of Check:

		Please tick accordingly			Remarks
F	Hot Holding / Cold Holding (if applicable)	Yes	No	N.A.	
1	Food items are properly wrapped / covered in proper containers and protected from contamination.				
2	Cold dishes are held at 0°C to 4°C.				
3	Hot dishes are held above 60°C.				
4	Cold and / or hot holding units are kept clean and well-maintained.				
G	Delivery (if applicable)	Yes	No	N.A.	Remarks
1	Food transport vehicles are kept clean and free of pests.				
2	Non-food related items (e.g. insecticides, detergents and other chemicals) are not stored in food transport vehicles.				
3	Food items are properly wrapped/ covered in proper containers and protected from contamination.				
4	Food is transported at appropriate temperature using hot and/ or cold holding units.				
5	For time-stamping compliance, food is time stamped. The time stamp should indicate the time the food is cooked and to be consumed.				

FOOD HYGIENE ASSESSMENT CHECKLIST

Name of Premise:

Checked By (Name):

Date & Time of Check:

H	Refreshment area (if applicable)	Please tick accordingly			Remarks
		Yes	No	N.A.	
1	Refreshment area, including walls and pillars, is kept clean and free of pests.				
2	Fixtures (e.g. fans and lightings) and furniture (e.g. tables and chairs) are kept clean.				
3	Refreshment area and table cleaning system is in place.				
4	Refreshment area is free from unwanted articles (e.g. carton boxes).				
5	Refreshment area is free of birds and animals (e.g. dogs or cats).				
I	Waste Disposal Area / Bin Centre (if applicable)	Yes	No	N.A.	Remarks
1	Waste disposal area / bin centre is clean, free of pests and free of spillage.				
2	Refuse bags are disposed into the refuse bulk bin and are not placed on the floor.				
3	Refuse bulk bins are kept closed at all times.				

FOOD HYGIENE ASSESSMENT CHECKLIST

Name of Premise:

Checked By (Name):

Date & Time of Check:

		Please tick accordingly			Remarks
J	Toilets	Yes	No	N.A.	
1	Toilets are clean, dry and well-ventilated.				
2	Basic amenities such as soap, toilet paper, hand dryer/ paper towel and waste bins are available.				
3	Toilet fittings facilities are in good working condition.				
4	Toilets are segregated and not open directly into the food preparation or storage areas				
		Please tick accordingly			Remarks
K	Training and Certificates	Yes	No	N.A.	
1	All food handlers have Basic Food Hygiene certificate and a valid Refresher Food Hygiene certificate (if applicable).				
2	Food Hygiene Officer has a Food Hygiene Officer certificate.				

FOOD HYGIENE ASSESSMENT CHECKLIST

Name of Premise:

Checked By (Name):

Date & Time of Check:

L	Records and Documentation (if applicable)	Please tick accordingly			Remarks
		Yes	No	N.A.	
1	Daily temperature monitoring record (Chiller)				
2	Daily temperature monitoring record (Freezer)				
3	Daily temperature monitoring record (Cooked food)				
4	Daily temperature monitoring record (Hot/ Cold holding temperature)				
5	Supplies receiving form				
6	Cleaning and maintenance records for a. Equipment, ventilation and exhaust system b. Delivery vehicle				
7	Pest control record				
8	Staff and visitors going in and out of food preparation or storage areas				

FOOD HYGIENE ASSESSMENT CHECKLIST

Name of Premise:

Checked By (Name):

Date & Time of Check:

M	Kitchen Infrastructure	Please tick accordingly			Remarks
		Yes	No	N.A.	
1	The premise shall be painted, thoroughly cleansed and all unwanted articles are removed				
2	The walls of the preparation area shall be lined with glazed tiles or other suitable impervious materials, of not less than 1.5m, to facilitate cleaning				
3	Food preparation table top lined with stainless steel or other suitable impervious material				
4	All air ducts (incoming and outgoing) in the kitchen shall be made of non-combustible materials and of smooth texture, and easy to clean				
5	All kitchen appliances and equipment and piping shall be kept at least 150mm above the finished floor level				
6	No manhole, inspection chamber, waste sump, screen chamber, grease trap or overhead sanitary/waste/drain pipes shall be sited within the areas where food is prepared, cooked, stored				
7	Floor trap shall be constructed in food preparation area for discharge of waste water to sewer				
8	The floor shall be constructed of non-slip and impervious material to facilitate cleaning				
9	No damage at the joint between wall and floor				

FOOD HYGIENE ASSESSMENT CHECKLIST

Name of Premise:

Checked By (Name):

Date & Time of Check: