**Kitchen: Fire and General Safety Inspection Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed By:**  |  | **Phone:** |  |
| **Date:** |  | **Shift:** |  |
|  |
| 1. Fire Protection/Life Safety
 | YES | NO | Comments |
| 1. Are exits clearly identified and accessible (no objects blocking door or hallway to exit)?
 |[ ] [ ]   |
| 1. Are fire extinguishers readily identifiable and accessible?
 |[ ] [ ]   |
| 1. Are all fire extinguishers mounted to the wall?
 |[ ] [ ]   |
| 1. Have all fire extinguishers been serviced within the past 12 months?
 |[ ] [ ]   |
| 1. Do sprinkler heads have at least 18 inches of vertical clearance from bottom of the head to nearest item stored on a shelf?
 |[ ] [ ]   |
| 1. Are combustible materials located away from ranges and other sources of heat/fire? (including storage areas)
 |[ ] [ ]   |
| 1. Are metal grease collection containers inspected/emptied weekly?
 |[ ] [ ]   |
| 1. Has fire suppression system(s) (above cooking operations) received semi-annual maintenance by a trained, qualified, and certified person? (Certificate should be maintained on premises.)
 |[ ] [ ]   |
| 1. Extinguishing heads capped to prevent cooking/grease buildup?
 |[ ] [ ]   |
| 1. Kitchen waste materials stored in metal containers with tight fitting lids, kept in designated areas and removed by carts to compactor or dumpster?
 |[ ] [ ]   |
| 1. Deep-fat fryer units controlled and provided with high-temperature shut-offs; overflow gutters provided?
 |[ ] [ ]   |
| 1. Filters in exhaust system(s) visually inspection and cleaned weekly to avoid grease-laden vapor deposits?
 |[ ] [ ]   |
| 1. Exhaust system(s) cleaned at least semi-annually (quarterly if 24 hour kitchen operations) by qualified service contractor?
 |[ ] [ ]   |
| 1. Space between deep fat fryer and open surface flame – 16 inches; OR 8” high steel or tempered glass baffle between the appliances
 |[ ] [ ]   |
| 1. Are compressed gas cylinders properly stored (secured to wall or dolly at 1/3 and 2/3 heights)?
 |[ ] [ ]   |
| 1. Equipment/Machinery (Mixers, Slicers, Knives, Warmers)
 | YES | NO | Comments |
| 1. Are the guards in place and the machine properly set to operate?
 |[ ] [ ]   |
| 1. Are all warning labels legible (hot surface labels)?
 |[ ] [ ]   |
| 1. Are safe work practices and cleaning procedures posted and visible for slicers, mixers and other mechanical equipment used for processing and have employees been trained in proper use and cleaning of such equipment
 |[ ] [ ]   |
| 1. Are mixer guards in place and interlocked to ensure that they may not be operated when guards have been removed
 |[ ] [ ]   |
| 1. Is the immediate area clear around all equipment used for cutting, slicing, or chopping before operating equipment?
 |[ ] [ ]   |
| 1. Is the plunger provided used to clear cutting chute?
 |[ ] [ ]   |
| 1. Is the slicing machine table returned to the “zero” position when finished using (to prevent injury during clean up)?
 |[ ] [ ]   |
| 1. Knives placed in sheaths or properly mounted when not in use? (no knives left in sinks or countertops)
 |[ ] [ ]   |
| 1. Refrigeration/Walk-in Freezers
 | YES | NO | Comments |
| 1. Flooring is free of ice/water/food
 |[ ] [ ]   |
| 1. Lights have shatterproof covers
 |[ ] [ ]   |
| 1. Are freezer(s) and coolers free of external locking mechanisms and can they be opened from the inside without obstruction, special procedures and/or knowledge?
 |[ ] [ ]   |
| 1. Lights are operational
 |[ ] [ ]   |
| 1. Material Storage and Handling
 | YES | NO | Comments |
| 1. Items on shelves: Heavier items (20-40 lbs) stored knuckle to chest height); Lighter/least used stored on higher shelves; Medium and awkward size items stored on lower shelves?
 |[ ] [ ]   |
| 1. Are employees using proper lifting techniques?
 |[ ] [ ]   |
| 1. Are step ladders properly stored, regularly inspected and in good condition?
 |[ ] [ ]   |
| 1. Are ladder labels including warnings intact and legible
 |[ ] [ ]   |
| 1. Personal Protective Equipment
 | YES | NO | Comments |
| 1. Are heat resistant gloves available and used?
 |[ ] [ ]   |
| 1. Are cut-resistant gloves available and used where required?
 |[ ] [ ]   |
| 1. Is clothing with short or close-fitting sleeves worn when cooking?
 |[ ] [ ]   |
| 1. Is required footwear being worn?
 |[ ] [ ]   |
| 1. Slip, Trip and Fall
 | YES | NO | Comments |
| 1. Are anti-fatigue drainage mats being used in areas exposed to wet surfaces or oil and grease?
 |[ ] [ ]   |
| 1. Floors adjacent to deep-fat fryers dry are free of grease?
 |[ ] [ ]   |
| 1. Floors around sink mopped dry?
 |[ ] [ ]   |
| 1. Are bins, boxes and tables stored properly – away from foot traffic?
 |[ ] [ ]   |
| 1. Is there standing water, oil/grease or food left on the floor?
 |[ ] [ ]   |
| 1. Is adequate signage used to warn pedestrians of spill areas?
 |[ ] [ ]   |
| 1. Are carpets/mats maintained (no loose threads, edges rolled up)?
 |[ ] [ ]   |
| 1. General Safety
 | YES | NO | Comments |
| 1. Is lighting adequate – any lights that need replaced/repaired?
 |[ ] [ ]   |
| 1. Are there any repetitive motion concerns or awkward posture observed?
 |[ ] [ ]   |
| 1. Are Safety Data Sheets posted/readily available?
 |[ ] [ ]   |
| 1. Are all secondary cleaning containers/bottles have proper labeling (GHS Standards)?
 |[ ] [ ]   |

**Items Requiring Follow Up, Retraining or JHA**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Area of Concern | Item Number | Assigned To | Corrective Action | Follow Up Date | Completed |
| 1. Fire/Life Safety
 |  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  | [ ]  Yes [ ]  No |
| 1. Equipment/Machinery
 |  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  | [ ]  Yes [ ]  No |
| 1. Refrigeration/Walk-Ins
 |  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  | [ ]  Yes [ ]  No |
| 1. Material Storage/Handling
 |  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  | [ ]  Yes [ ]  No |
| 1. Personal Protective Equip.
 |  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  | [ ]  Yes [ ]  No |
| 1. Slip, Trip and Fall
 |  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  | [ ]  Yes [ ]  No |
| 1. General Safety
 |  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  | [ ]  Yes [ ]  No |
|  |  |  |  | [ ]  Yes [ ]  No |

Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Tribal First Risk Control Consulting fact sheet is not intended to be exhaustive. The discussion and best practices suggested herein should not be regarded as legal advice. Readers should pursue legal counsel or contact their insurance providers to gain more exhaustive advice. For more information on this topic, please contact Tribal First Risk Control Consulting at (888) 737-4752 or riskcontrol@tribalfirst.com.