## **Management Checklist**

| Date |   |  | _ |  |
|------|---|--|---|--|
| Name | е |  |   |  |



| A. Certified Food Protection Manager |   |  | Out | N/O | N/A | Corrective actions |
|--------------------------------------|---|--|-----|-----|-----|--------------------|
| 1                                    | Have a Minnesota Certified Food Protection Manager. Current state certificate posted.                                   |  |     |     |     |                    |
| 2                                    | 2 Person in Charge on site at all times.  |  |     |     |     |                    |
| B. Handwashing and personal hygiene  |   |  | Out | N/O | N/A | Corrective actions |
| 3                                    | 3 Employee illness log filled in.   |  |     |     |     |                    |
| 4                                    | 4 Employees with vomiting or diarrhea are not allowed to work.  |  |     |     |     |                    |
| 5                                    | 5 Employees follow proper hand washing procedures <b>(20 seconds)</b> . Wash hands before putting on gloves.            |  |     |     |     |                    |
| 6                                    | Handwashing sinks are not blocked and have soap, towels, hot and cold water. Handwashing sign is posted.                |  |     |     |     |                    |
| 7                                    | 7 Procedure for cleanup of vomiting and diarrhea.   |  |     |     |     |                    |
| C. Protect from contamination        |   |  | Out | N/O | N/A | Corrective actions |
| 8                                    | All items stored at least six inches off the floor.   |  |     |     |     |                    |
| 9                                    | All food items stored covered or wrapped.   |  |     |     |     |                    |
| 10                                   | Equipment is clean, maintained and in good repai  |  |     |     |     |                    |
| D. Time and temperature              |   |  | Out | N/O | N/A | Corrective actions |
| 11                                   | Date mark food. Label food with the date prepared.  |  |     |     |     |                    |
| 12                                   | 12 Discard food dated over seven days old.  |  |     |     |     |                    |
| 13                                   | 13 Thermometers are calibrated and used.  |  |     |     |     |                    |
| 14                                   | 14 Cooling logs used.   |  |     |     |     |                    |
| E. Approved source                   |   |  | Out | N/O | N/A | Corrective actions |
| 15                                   | Purchase food from approved sources.  |  |     |     |     |                    |
| 16                                   | 6 Supplier records maintained on site and readily available including shellstock tags and parasite destruction letters. |  |     |     |     |                    |
| 17                                   | 7 Products inspected for signs of tampering, broken seals, and powder or liquid residue.                                |  |     |     |     |                    |

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| F. C          | hemicals   | In | Out | N/O | N/A | Corrective actions |
|---------------|--|----|-----|-----|-----|--------------------|
| 18            | Toxic chemicals properly used, labeled and stored away from food, equipment, utensils, linens, single service and single use items.  |    |     |     |     |                    |
| G. F          | Proper use of utensils and equipment   | In | Out | N/O | N/A | Corrective actions |
| 19            | Utensils stored with handles to the user. Equipment properly stored.   |    |     |     |     |                    |
| 20            | 3-compartment sink set-up correctly. Dishwashing machine properly working and sanitizing.  |    |     |     |     |                    |
| 21            | Correct sanitizer test kits on-site and are used.  |    |     |     |     |                    |
| н. ғ          | Physical facility  | In | Out | N/O | N/A | Corrective actions |
| 22            | Floors, walls and ceilings properly cleaned and maintained. Aisles clear of obstruction.   |    |     |     |     |                    |
| 23            | Integrated Pest Management program in place.   |    |     |     |     |                    |
| 24            | Proper lighting for all areas of the business.   |    |     |     |     |                    |
| I. R          | efrigerator and freezers   | In | Out | N/O | N/A | Corrective actions |
| 25            | A thermometer is in every cooler, walk-in and freezer.   |    |     |     |     |                    |
| 26            | Coolers and walk-ins are 41° F or below.   |    |     |     |     |                    |
| J. Management |  | In | Out | N/O | N/A | Corrective actions |
| 27            | In case of emergency, employees know whom to contact: 1.  Person in charge 2. Police/Fire 3. Utilities  4. Local public Health Department (call 311 - after hours call 911). |    |     |     |     |                    |
| 28            | Employees trained on emergency procedures.   |    |     |     |     |                    |
| 29            | Restricted areas marked "employees only."  |    |     |     |     |                    |
| 30            | Unauthorized people kept out of food areas.  |    |     |     |     |                    |
| 31            | Doors to the loading dock locked when not in use.  |    |     |     |     |                    |
| 32            | Employees trained in food safety.  |    |     |     |     |                    |
| 33            | Cameras and alarm operating in high-risk traffic areas.  |    |     |     |     |                    |

For reasonable accommodations or alternative formats please contact Environmental Health at health@minneapolismn.gov or 612-673-2301. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users call 612-263-6850.

Para ayuda, llame al 311. Rau kev pab 311. Hadii aad Caawimaad u baahantahay wac 311.