



RESTAURANT MANAGER'S SELF INSPECTION CHECKLIST

Inspector: _____ Date: _____

	<u>Satisfactory</u>	<u>Needs Attention</u>	<u>Action Taken</u>
<u>Perimeter</u>			
Entrance & Exits Marked	<input type="checkbox"/>	<input type="checkbox"/>	_____
Location of Signs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Condition of Signs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lighted Signs Arranged to Avoid Confusion with Traffic Signals	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unobstructed View of Sidewalks or Traffic Wheel Stops and Curbing	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Parking Lot & Curb Service Area</u>			
Parking Lined Off	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lined Off Traffic Lanes and Directional Arrow	<input type="checkbox"/>	<input type="checkbox"/>	_____
Condition of Lot (Holes, Large Cracks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate Drainage	<input type="checkbox"/>	<input type="checkbox"/>	_____
No Roof Drainage in High Traffic Areas	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any Trash or Broken Glass	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any Ice or Snow	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate Lighting for Night Use	<input type="checkbox"/>	<input type="checkbox"/>	_____
Poles Painted Yellow as a Warning	<input type="checkbox"/>	<input type="checkbox"/>	_____
Designated Areas for Delivery and Service Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parking Hazards such as Utility Poles Properly Marked	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gas Meters, Power Transformers or Fire Hydrants, Property Protected	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clearance of Overhead Canopies Marked Prominently	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Large or Corner Parking Lots</u>			
Posted Speed Limit	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speed Bumps (Painted Yellow)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Traffic Arranged to Discourage Corner Cutting	<input type="checkbox"/>	<input type="checkbox"/>	_____

Satisfactory

Needs Attention

Action Taken

Sidewalks

General Condition (Homes, Cracks, Etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Roof Drain Discharge	<input type="checkbox"/>	<input type="checkbox"/>	_____
Broken Glass or Trash	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ice or Snow	<input type="checkbox"/>	<input type="checkbox"/>	_____

Doors

Doors Marked Entrance & Exit	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate Lighting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sufficient Number and Width for Emergency Exit Purposes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do Security Precautions Interfere with Emergency Exit	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rugs (If Any) Non-Skid Type	<input type="checkbox"/>	<input type="checkbox"/>	_____
Glass Panels Arranged so as Not to be Confused for Door	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any Broken, Cracked, or Damaged Glass	<input type="checkbox"/>	<input type="checkbox"/>	_____

Waiting, Dining & Restroom Areas

Floor Clean	<input type="checkbox"/>	<input type="checkbox"/>	_____
No Broken Tiles	<input type="checkbox"/>	<input type="checkbox"/>	_____
Carpet Torn or Wrinkled	<input type="checkbox"/>	<input type="checkbox"/>	_____
Carpet Edges Secured	<input type="checkbox"/>	<input type="checkbox"/>	_____
Non-Skid Noses on Steps	<input type="checkbox"/>	<input type="checkbox"/>	_____
Floors Dry	<input type="checkbox"/>	<input type="checkbox"/>	_____
No Sharp Metal Edges	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrical Receptacle Covers in Place	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	_____
All Electrical Equipment Grounded	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate Cigarette Receptacles for Customers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate Lighting at Entrance, Exits, Step-ups & Step-downs Marked	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate Aisle Space Between Tables Tables, Chairs, & Booths Level & Structurally Sound	<input type="checkbox"/>	<input type="checkbox"/>	_____
Provisions for Seating Children	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency Lighting (If Required) in Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Restrooms Clean & Sanitary	<input type="checkbox"/>	<input type="checkbox"/>	_____
Restrooms Properly Marked	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate Number & Size of Restroom	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electric Hand Dryers Grounded	<input type="checkbox"/>	<input type="checkbox"/>	_____

Food Preparation Area

Floors Clean and Dry	<input type="checkbox"/>	<input type="checkbox"/>	_____
Meat Grinders & Food Slicers Properly Grounded	<input type="checkbox"/>	<input type="checkbox"/>	_____
All Electrical Equipment Properly Grounded	<input type="checkbox"/>	<input type="checkbox"/>	_____

Satisfactory Needs Attention Action Taken

Food Preparation Area (Cont.)

Knives Properly Stored When Not In Use	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Provision for Handling Hot Utensils	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Portable Fire Extinguishers, Properly Located & Tagged	<input type="checkbox"/>	<input type="checkbox"/>	
Automatic Extinguishing System Operable Filters Clean	<input type="checkbox"/>	<input type="checkbox"/>	
Cooking Equipment & Good Free of Excessive Grease	<input type="checkbox"/>	<input type="checkbox"/>	
Food Stocks Dated & Rotated	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid Supplies Available	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid Contents Replenished As Used	<input type="checkbox"/>	<input type="checkbox"/>	
Glasses, Dishes, Utensils Inspected Regularly	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Relief Valves in Pressure Cookers Operable	<input type="checkbox"/>	<input type="checkbox"/>	
Proper Traffic Control To & From Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Ventilation for Cooler Compressor	<input type="checkbox"/>	<input type="checkbox"/>	
No Storage on Top of Coolers	<input type="checkbox"/>	<input type="checkbox"/>	
No Storage Around Compressor	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Latches on Walk-in Coolers	<input type="checkbox"/>	<input type="checkbox"/>	
Ice of Water on Cooler Floors	<input type="checkbox"/>	<input type="checkbox"/>	
"No Smoking" Signs Posted	<input type="checkbox"/>	<input type="checkbox"/>	

Storage Area

No Combustible Storage Around Heaters	<input type="checkbox"/>	<input type="checkbox"/>	
No Combustible Storage Around Electrical Panels	<input type="checkbox"/>	<input type="checkbox"/>	
Posted "Employees Only"	<input type="checkbox"/>	<input type="checkbox"/>	
Clean and Free of Trash	<input type="checkbox"/>	<input type="checkbox"/>	
Orderly Stock Storage	<input type="checkbox"/>	<input type="checkbox"/>	
Compressors Adequately Ventilated	<input type="checkbox"/>	<input type="checkbox"/>	
No Combustible Storage on or Around Compressors	<input type="checkbox"/>	<input type="checkbox"/>	
Over Temperature & Overload Protection On Compressor	<input type="checkbox"/>	<input type="checkbox"/>	

Trash Disposal

Metal Dumpsters with Covers	<input type="checkbox"/>	<input type="checkbox"/>	
Combustible Trash Not Stored Around Building	<input type="checkbox"/>	<input type="checkbox"/>	

COMMENTS: _____

This checklist is intended as a reminder and is offered solely as a guide to assist management in its responsibility to provide a safer working environment. This checklist is not intended to cover all possible hazardous conditions or unsafe acts that may exist. Other unsafe acts or hazardous conditions should be noted and corrective action taken. You are responsible for the safety of your premises, operations, and products. Union Standard Insurance Group is not responsible for any loss, injury, death, damage, or expense arising from the use of this checklist.